

Taft Alumni Association

Membership Application

Please tell us as much about yourself as you like so that we can share your news in the *Class Notes*.
Only fields marked with an asterisk (*) are required for membership. We will not publish your address or phone number.

About You

*First Name (PLEASE PRINT)	* Last Name at Graduation	* Current Last Name	
*Home Street Address	*City	*State	*ZIP
Primary Phone	Email Address	List in Email Directory <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Month/Year You Graduated	Number of Children _____ Children, _____ Grandchildren, _____ Great Grandchildren, _____ Great Greats?		
Higher Education, Degrees, Military Service, Years			
Occupation	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elementary School	
Other news you'd like to share?			<input type="checkbox"/> Do not publish my information in the Class Notes

About Your Taft Graduate Spouse

*First Name	* Last Name at Graduation	* Current Last Name	
*Month/Year Spouse Graduated	Higher Education, Degrees, Military Service, Years		
Primary Phone	Email Address	List in Email Directory <input type="checkbox"/> Yes <input type="checkbox"/> No	
Higher Education, Degrees, Military Service, Years			
Occupation	Retired <input type="checkbox"/> Yes <input type="checkbox"/> No	Elementary School	
Other news you'd like to share?			
Enclosed is a check or money order for:	<input type="checkbox"/> \$15.00 2-year single membership <input type="checkbox"/> \$20.00 2-year alumni couples membership <input type="checkbox"/> Donation in the amount of \$ _____	<input type="checkbox"/> Send newsletter online <input type="checkbox"/> Send newsletter by mail <input type="checkbox"/> Send both by mail and online	

Please mail application and funds to:

Taft Alumni Association, 6530 West Bryn Mawr Avenue, Chicago, IL 60631