

Seguin ISD Alumni Association

Membership Form

Name(s): _____ Year(s) Graduated: _____

Maiden Name (if applicable): _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Check here if you could help volunteer with the Alumni Association. _____

Annual Alumni Membership Dues (Individual, Family) -- \$25 \$ _____

DONATION:

*Investor	<\$500
*Benefactor	\$500 - \$999
*Associate	\$1000 - \$2499
*Sponsor	\$2500 - \$4999
*Patron	\$5000 - \$9999
*Distinguished Alumni	\$10,000 +

Total \$ _____

Please make checks payable to "Seguin Education Foundation"

Mail to: Seguin Education Foundation
P.O. Box 701
Seguin, TX 78155