BRYAN ADAMS ALUMNI INFORMATION & DUES FORM – BAAA.ORG

All graduates of Bryan Adams are automatically members of the Bryan Adams Alumni Association, but we depend on your dues to help us continue to provide support to the school and continue our efforts to communicate with our alumni. Please complete the following information sheet (PRINT or TYPE), keep a copy for your records and return it to the address listed below. If spouse graduated from BA and is also sending dues, please fill out separate form. Ask a friend or fellow alum to update their information and pay dues!

GRADUATE CLASS YEAR **NON-GRADUATE** **FACULTY**

FULL NAME
Last (Maiden) First Middle

SPOUSE'S NAME
Last (Maiden) First Middle

FULL NAME AT GRADUATION IF DIFFERENT FROM TODAY

ADDRESS **E-MAIL ADDRESS**
Street

CITY/STATE/ZIP **BIRTHDAY**

HOME PHONE ( ) **HOME FAX ( )**

OCCUPATION/TITLE **NAME OF COMPANY**

COMPANY ADDRESS **CITY/STATE/ZIP**

WORK PHONE ( ) **WORK FAX ( )**

PLEASE LIST BELOW ORGANIZATIONS IN WHICH YOU PARTICIPATED AT B.A.. (i.e., Belles, Band, Sports):

PLEASE LIST BELOW (or on back) names & class years of siblings or relatives *who graduated at BA*, their address & phone numbers:

GRAD'S FULL NAME **CLASS YEAR**

ADDRESS **CITY/ST/ZIP**

HOME PHONE **WORK PHONE** **E-MAIL**

GRAD'S FULL NAME **CLASS YEAR**

ADDRESS **CITY/ST/ZIP**

HOME PHONE **WORK PHONE** **E-MAIL**

GRAD'S FULL NAME **CLASS YEAR**

ADDRESS **CITY/ST/ZIP**

HOME PHONE **WORK PHONE** **E-MAIL**

GRAD'S FULL NAME **CLASS YEAR**

ADDRESS **CITY/ST/ZIP**

HOME PHONE **WORK PHONE** **E-MAIL**

DATE: **PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY:**

❒ **DUES $15.00 per person** ❒ **Renewing Dues $15.00 per person** ☐ **Lifetime Membership $200 per person**

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO YOUR DONATION OF $ **THANK YOU FOR YOUR SUPPORT!**

❒ **ALUMNI ASSOCIATION** ❒ **SCHOLARSHIP FUND** ❒ **BRYAN ADAMS HIGH SCHOOL** ❒ **OTHER (Please state your preference)**

Please mail completed form and a check made payable to: Bryan Adams High School Alumni Association
Send to: BA MEMBERSHIP DIRECTOR 1728 Crescent Creek Ln Plano, TX 75025

OFFICE USE: Date Received: **Amt Received:** **Check Number:** **Date of Check:**

DUES paying members have special website privileges at www.baaa.org.