

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**
BA MEMBERSHIP DIRECTOR 170 St. Michael's Way Rockwall, TX 75032 469 / 698-0059

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

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