Print Form

MT. ALVERNIA HIGH SCHOOL

Central Florida Alumni Association

MEMBERSHIP FORM

☐ New Member ☐ Renewal

Name: (Last)		(First)	Maiden Name (if applicable)
Address		Daytime Phone (Include area code)	Evening Phone
City	State	Zip Code	Country
Email		Year graduated or left MAHS	
Occupation			

What house were you in? ☐ Franciscan ☐ Cordette ☐ Antonious ☐ Laurentine

Payment

Annual Membership Fee: $25.00/year

Please make cheque payable to:
M.A.H.S Central Florida
P.O. Box 48401
Tampa, FL 33646, USA

Method of payment : ☐ Check ☐ Money order

Annual membership fee: $25.00

Additional Donation $: _____

Enclosed is my check for a Total of $: _____

Check #: _____

$

MEMBER'S AGREEMENT AND RELEASE:
Consistent with my desire to take personal responsibility for my conduct, individually and as a member of M.A.H.S. Central Florida, I agree to abide by the principles and policies of this association. I will refrain from any form of discrimination, harassment, derogatory, illegal, or unethical conduct, and I understand that if I engage in such conduct, my membership is subject to cancellation and I may be responsible for any costs resulting from such conduct. By submitting this application, I agree to the collection, use and processing of the information I provide for the purposes of administration, payment of my dues, inclusion in a members' directory and listing on the web site (name, graduating class). I acknowledge that membership is for a minimum period of one year and is non-transferrable and non-refundable. Any issues concerning membership should be put in writing via email (admin@mahscfl.org), letter or memo.

Applicant's Signature: _____ Date: _____