

DOGAN ALUMNI ASSOCIATION MEMBERSHIP REGISTRATION

PAYABLE TO: DOGAN ALUMNI ASSOCIATION

MAIL TO:

DOGAN ALUMNI ASSOCIATION

ATTN: SECRETARY

P O Box 1252

FAIRFIELD, TX 75840

PLEASE PRINT

[] MEMBER or [] ASSOC. MBR (Never attended Dogan)

CLASS OF _____

Last Name

First Name

Maiden Name

BIRTHDAY ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS: _____

\$20 per Membership

Scholarship Donation \$ _____

Amt Enclosed: _____

Signature _____