

MEMBERSHIP FORMS



KNOXVILLE EAST HIGH SCHOOL 1952 - 1968 ALUMNI ASSOCIATION

MEMBERSHIP APPLICATION

MR. ____ MS. ____ MRS. ____ DR. _____

SPOUSE'S NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____ CELL PHONE _____

E-MAIL _____

YEAR GRADUATED _____

CHECK HERE IF YOU WOULD LIKE TO KEEP YOUR CONTACT INFORMATION CONFIDENTIAL.

INDIVIDUAL MEMBERSHIP FEE: \$25.00

MAIL TO: KEHSAA, INC.
P. O. Box 22700
KNOXVILLE, TN 37933

DATE _____