



Greenway 316 Alumni Association Membership Form

Membership Fees (check one):

- Annual Membership \$10
 Lifetime Membership \$500

Name _____ Maiden Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Telephone _____

- Greenway Grad Friend of Greenway
Year

Please mail this form with your membership check payable to:

**Greenway 316 Alumni Association
PO Box 520
Coleraine, MN 55722**

DETACH AND RETAIN FOR YOUR RECORDS



Greenway 316 Alumni Association Member

Name _____

Membership Year _____