

Zama Alumni Association Membership Application Form

Please fill out the entire form

Name:	()	
First	Maiden Name	Last	
(Please check if address has changed) Address:			
Street	City	State	Zip
Phone: Fax Years attended Zama: to Your graduating year: If not Zama, name of school:	_		
Name of spouse: Siblings who attended Zama:	Or Significant Other:		
Years at Zama: Subject(s) taught: Dues and Donations – (You can pay either for a single year of 2017 Zama Alumni Associa 2017/2018 Zama Alumni A Additional Donations to Op	or multiple years.) ation Dues Association Dues	\$22.00 \$44.00	
1. Make all checks payable to "	Total	\$ \$	
2. Send completed applications Zama Alumni Associat PMB# 402 98-820 Moanalua Rd, Aiea, Hawaii 96701	and membership fees to: tion		
- -	change, please indicate so at the	ton of the applic	ation in hold (se

3. If there has been an address change, please indicate so at the top of the application in bold (so that we catch it!).

Thank you for sending in your membership dues. Your dues make it possible for us to do some of the following: 1. Keep the email directory current and the website running

- 2. Send out newsletters to all of our members
- 3. Hold an All-School Reunion every two years in the United States
- 4. Find new or lost alumni

Operating expenses are offset by your donations. It also takes a great deal of time that is volunteered by your officers, decade representatives and class representatives. Your membership fees and donations are the major source of funding that keeps this association intact and functioning. If you know of other alumni who have not yet joined, please encourage them to do so. We thank you in advance for sending in your annual dues.

As our valued Zama Alumni Association member, personal information submitted during our registration process remains private and is never sold or distributed to third parties outside of the association at any time. Information you provide is used strictly for administrative purposes only.