



BOOKER T. WASHINGTON ALUMNI INC.
P.O. BOX 13005 NEW ORLEANS, LOUISIANA 70185

Official Use Only
Treasurer's initials

MEMBERSHIP REGISTRATION FORM

MEMBERSHIP TYPE (Check One)

_____ **Member:** Graduate of Booker T. Washington Sr. High School **Dues:** _____ \$25.00
Entitled to all privileges only within the year the annual dues are paid.

_____ **Lifetime Member:** Graduate of Booker T. Washington Sr. High School **Dues:** _____ \$100.00
Entitled to all membership privileges

_____ **Honorary Member:** Membership conferred by Executive Board **Year Conferred:** _____
Honorary Members may not vote or hold elected office and must adhere to Association rules.

_____ **Associate:** Non-graduates, businesses, supporters, or organizational affiliate. \$ _____
An associate may not vote or hold elected office and must adhere to Association rules.

Contact Information (PLEASE PRINT)

Year Graduated _____

_____ **First Name** _____ **Middle Name** _____ **Maiden Name** _____ **Last Name**

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Mobile Phone:** _____ **Email:** _____

Membership Dues: Annual dues are assessed beginning **October 1st**, ending September 30th. Dues may be paid at any time during the fiscal year. Dues may be paid at any Alumni meeting or by mail.

Make checks payable to: Booker T. Washington Alumni Inc.

Charitable Donations & Gifts: All donations are greatly appreciated. To make a gift donation, indicate the amount:

Donation Amount: \$ _____

The Association is a 501(c)(3) Non-Profit Organization.

MEMBER AGREEMENT AND RELEASE: As a member of Booker T. Washington Alumni Inc., I agree to support and subscribe to its principles, policies, goals, and objectives, and to abide by its rules, regulations, and Bylaws. The Alumni Association has my permission to use any identify information and photographs of me in the Associations communications, publications, including but not limited to social media, newsletters, websites, and printed materials.

Signature of Applicant: _____ **Date:** _____

Please submit this form and your membership dues at any Alumni Association meeting or by mail.

Mail to:

Booker T. Washington Alumni Association Inc.
P.O. Box 13005
New Orleans, LA 70185