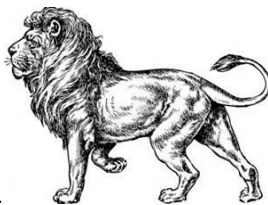


WEST END HIGH SCHOOL



ALUMNI ASSOCIATION

NAME _____ CLASS OF _____

(Ladies, please include maiden name)

ADDRESS _____

CITY /STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

MEMBERSHIP DUES:

ANNUAL - \$25.00 ASSOCIATE MEMBER - \$15.00

LIFETIME MEMBER - \$250.00

_____ I will actively participate; please contact me for committee work.

_____ I cannot actively participate, but I would like to participate financially.

_____ I cannot actively participate, but please inform me of Alumni activities.

Annual and Associate Fees are for the calendar year – January 1st –December 31st.

Make payment to: West End High School Alumni Association

Print and mail to: P. O. Box 110903

Birmingham, AL 35211