

**WEST TECH ALUMNI ASSOCIATION, INC.**  
**MEMBERSHIP APPLICATION**

Name \_\_\_\_\_  
Class Year \_\_\_\_\_ Class Month \_\_\_\_\_  
Maiden Name \_\_\_\_\_  
Status: \_\_\_\_\_ Student \_\_\_\_\_ Faculty \_\_\_\_\_ Staff from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
Maiden Name \_\_\_\_\_  
WTH Class Month \_\_\_\_\_ Class Year \_\_\_\_\_  
Type of Membership \_\_\_\_\_  
Method of Payment \_\_\_\_\_ Check (US Funds only) \_\_\_\_\_ Credit Card  
Card # \_\_\_\_\_ \* \_\_\_\_\_ Exp. Date \_\_\_\_\_  
\* Discover card users, add 3 digit code after acct. number on back of card  
Signature \_\_\_\_\_

**Types of Memberships**

Single, per year \$8.00  
Single, 3 years \$20.00  
Joint, per year \$10.00  
Joint, 3 years \$25.00  
Crimson & Gray Lifetime \$100,

Please indicate:

\_\_\_\_\_ New  
\_\_\_\_\_ Renewal  
\_\_\_\_\_ Honorary  
\_\_\_\_\_ Gift Membership

Send to WTAA  
P.O. Box 110231  
Cleveland, OH 44111-0231

Would you like to receive email from the WTAA? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please Include a self-addressed, stamped # 10 business size envelope to receive membership card by mail.  
Otherwise, pick up membership card at WTAA meetings.