



2017-2018
MHS ALUMNI MEMBERSHIP FORM
(expires 12/31/18)

Receive the Alumni Newsletter and keep up with your fellow classmates and all the happenings in Mishawaka!

Name _____ Class of _____

Maiden Name (if applicable) _____

Spouse Name _____ Did spouse graduate from MHS? Yes No
If Yes, Class of _____

Spouse's Maiden Name (if applicable) _____

Address _____

City, State, ZIP _____

**If you have a winter/summer address, please provide the permanent mailing address.

Phone _____ Email _____

We would like to know if you are serving or have served in the US Military Service to be included in Veteran's Day section of the November issue of the alumni newsletter.



Military Service: Active Retired

Branch _____ Rank _____

CHECK HERE IF YOU WOULD LIKE TO RECEIVE THE NEWSLETTER VIA EMAIL.

\$20 per single membership

\$30 per couple

Make checks payable to MHS Alumni Association and mail with completed application to:

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