

Carlisle High School Alumni Association Membership Form

Name: _____

Maiden Name: _____ Class of: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Work: _____

Email: _____

Please check the appropriate category:

_____ Lifetime Alumni* Membership - \$25.00

_____ One-Year Alumni* Membership - \$5.00

An alumni is any person who has ever attended Carlisle Schools

_____ Lifetime Associate* Membership - \$25.00

_____ One-Year Associate* Membership - \$5.00

Associate memberships are for individuals who have never attended Carlisle Schools

Please make checks payable to:

Carlisle High School Alumni Association
P.O. Box 455
Carlisle, AR 72024

I give the Carlisle Alumni Association permission to publish
on the official alumni association website:

_____ my home address

_____ my phone number

_____ my email address