

Detroit Western High School Alumni Association MEMBERSHIP APPLICATION FORM



First Name:	Middle Init	Last Name:			
Last Name while in High School: _					
Years in attendance at Western: Fr	romto	Graduat	ion Year:		
Mailing Address:			Apt/Suite#		
City:		State:	Zip Co	de:	
E-mail:					
Home Phone: ()	Cell or	Business Phone: ()		
Prioritize by number (1,2,3) how yo	ou wish to be contacte	d: US Mail	E-mail	Telepl	none
Check (\checkmark) the membership categor applicable dues to DWHSAA.	ry below. Complete &	return the member	ship applicat	ion along w	vith the
☐ Senior Students and G☐ Graduates, Teachers			=		
The DWHSAA is a 501(c)(3) no Western International High Schoadvertising and other related expected or past graduate, you can	ool. The annual Mea penses in an effort to	nbership dues aid fulfill the organiz	to facilitate	e scholarsh	ips, mailings,
All members receive a members	ship card, as well as	an Alumni Newsle	etter.		
The membership year of the Ass	sociation begins Janu	ary 1 and ends Do	ecember 31.		
Return this completed application with your check or money order	<u>r</u> payable to: E	nclosed you will fir	nd:		
DWHS ALUMNI ASSOCIATIO Mail To:		lembership Dues		\$	00
DWHS ALUMNI ASSOCIATI c/o Judy Rakowski 41938 Saratoga Circle Canton, MI 48187		cholarship Fund Con	tribution	\$	00
	T	otal Amount Enclo	sed	\$.00
				=====	

ALUMNI INFORMATION Does the Detroit Western High School Alumni Association have your permission to share only your name and class year with other alumni members via the website or list in our Alumni News Letter? All other information is personal and will be protected. This information will not be sold, shared for gain, or used for any purpose other than what is intended. ☐ Yes ☐ No					
· · · · · · · · · · · · · · · · · · ·	extra-curricular activities (clubs, sports teams, etc) during the ligh School? If so, please list each activity and year below:				
Your favorite teacher or administrator (while at Western HS):					
VOLUNTEER OPPORTUNITIES (Characteristics) This is a chance to lend your expertise in any					
ASSOCIATION ACTIVITIES	_				
☐ Bulk Mailings	Communication Committee				
Fundraising CommitteeInformation Gathering	Emcee or Greeter (at events)Community Partner or Sponsor				
☐ Newsletter Committee					
☐ Special Projects	☐ Other (specify)				
Are you, or do you know the contact perso	on or reunion committee person for your class?				
Name here					
List the number or e-mail address for this	person, (if not listed on the front of this application).				

For questions, call (734-513-7499) or send an e-mail to: DWHSAA@gmail.com