## (Please Type or Print)

| Name:                       |      | Year of Graduation:                |
|-----------------------------|------|------------------------------------|
|                             |      |                                    |
| Street Address:             |      | Phone:                             |
|                             |      |                                    |
| City & State:               | Zip: | Phone:                             |
|                             |      |                                    |
| Email Address:              |      | Membership Confirmation Requested: |
|                             |      | ☐ Yes ☐ No                         |
| Activities while in School: |      |                                    |
|                             |      |                                    |
|                             |      |                                    |

## Return this form with your check.

Dues: \$10 Per Year/Per Person

\$250 Lifetime

Please Mail to: P.O. Box 27471

Tucson, Arizona 85726

Make Checks Payable to: PHS Warriors Alumni Foundation

Your cancelled check or bank statement will serve as your receipt.

You will receive a Membership Confirmation Card upon request.



http://alumni.pueblowarriors.org