



Membership Application and Contact Details

NAME:		MEMBERSHIP AMOUNT \$	
WHAT'S YOUR CLASS YEAR?			
HOME ADDRESS:			
CITY:		STATE:	ZIP CODE:
PHONE NUMBER:		MOBILE NUMBER:	
E-MAIL ADDRESS:			FAX NUMBER:
BUSINESS NAME:			
BUSINESS ADDRESS:			
CITY:		STATE:	ZIP CODE:
BUSINESS PHONE:		MOBILE NUMBER:	
BUSINESS E-MAIL ADDRESS:			FAX NUMBER:
WEB SITE ADDRESS:			
Please Select One of The Following Membership Options: Thanks for your support!			
<input type="checkbox"/> One Year Membership \$45			
<input type="checkbox"/> One Year Associate Non-Member \$50			
<input type="checkbox"/> Two Year Membership \$80			
<input type="checkbox"/> Two Year Associate Non-Member \$90			
The Alumni Association stands ready to provide further information about the organization and its goals and programs. Please print this form, complete it, and mail it with your membership fee to:			
AJMHS National Alumni Association P.O. Box 1384 -- Waco, TX 76703 Please make payment payable to the AJMHS Alumni Association			