



GARRETT SCHOOLS

ALUMNI ASSOCIATION

Staying on track, together, through the decades

P.O. Box 55 • Garrett, IN 46738

Website: GarrettSchoolsAlumni.com

Email: GarrettSchoolsAlumni@gmail.com

GarrettSchoolsAlumni

MEMBERSHIP APPLICATION/RENEWAL

I wish to join the Garrett Schools Alumni Association.

Memberships are in effect from July 1 of the current calendar year through June 30 of the following calendar year.

Dues paid after August 1 are for the upcoming year.

Please fill in completely, even if no changes - Thank you!

1ST ALUMNI MEMBER

\$5.00 Alumni Member
graduated or attended a Garrett School

\$5.00 Affiliate Member
*spouse of Alumni, teacher or
administrator of a Garrett School*

Name (first, maiden, last)

Graduation Year (if Garrett Alumni)

Primary Address

City State Zip

Phone

Email

I am willing to help as a volunteer.

\$ _____ In addition to my dues, I wish to contribute to the Scholarship Fund

\$ _____ **Total Enclosed**

Make check payable to: GARRETT SCHOOLS ALUMNI ASSOCIATION

Mail to: Garrett Schools Alumni Assoc.
P.O. Box 55 • Garrett, IN 46738

2ND ALUMNI MEMBER

\$5.00 Alumni Member
graduated or attended a Garrett School

\$5.00 Affiliate Member
*spouse of Alumni, teacher or
administrator of a Garrett School*

Name (first, maiden, last)

Graduation Year (if Garrett Alumni)

Primary Address

City State Zip

Phone

Email

I am willing to help as a volunteer.