



McKinley Alumni Association
 1039 South King Street * Honolulu, HI 96814 * www.mckinleyaa.com



ANNUAL MEMBERSHIP/CHANGE FORM

Class of: _____ **Membership: New:** **Renewal:** **for year** _____ **Change Info:**

Name: _____ **Maiden Name:** _____

Address: _____ **HM Phone:** _____

_____ **WK Phone:** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

(To receive general email correspondence.)

Occupation: _____ **Employed at:** _____

Retired: Yes **No** If "Yes," please fill in above for last or main occupation before retirement.

Solicited by (person or function): _____ **Class of:** _____

Receive Alumni Pinion* by (choose only one): **U.S. Mail:** **Email:** _____

** Only members are eligible to receive the Alumni Pinion.*

(If first email line is filled in, we will use the same email.)

Signature: _____ **Date:** _____

Check(s) enclosed: **Membership: \$10.00**

Donation: \$ _____

Total enclosed: \$ _____

Make checks payable to: McKinley Alumni Association
Mail to: McKinley Alumni Association
 c/o President William McKinley High School
 1039 South King St.
 Honolulu, HI 96814