

The Old and Young Alumni Association

of The Mount Clemens School System

MEMBERSHIP FORM

Graduate of MCHS Yes No If Yes, Class of _____

Did you attend any Mount Clemens Community School Yes No

New Membership Renewal Membership

Name _____
Last First MI Maiden

Address _____
Street City State Zip

Home Phone (____) _____ Cell Phone (____) _____

Fax Number (____) _____ Birth Date _____

Email Address _____

If Married Spouse's Name _____

Occupation _____

Skills you would like to volunteer to O.Y.A.A. _____

Membership: 1-year (\$5) Lifetime (\$100)
(1-year membership is from January 1st to December 31st)

Make check payable to:

O.Y.A.A.
P.O. Box 492
Mount Clemens, MI 48046
Attention: Umar Brown

If you would like to make an additional contribution to the Scholarship Fund, please make a check payable to **O.Y.A.A.**