

Alumni Association Membership Information:

First Name _____ Last Name: _____

First Name as Student: _____

Last Name as Student: _____

Initiation Year (4 digits) _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ E-Mail (if available): _____

What is your current occupation: _____

Retired From: _____

Post High School Education (if applicable): _____

Married to an Alumni? (circle one) Yes No If yes, who? _____

Areas of Interest:

Athletics Music Art Drama Technology

I would like to join the BSHS Alumni Association
Dues - \$20.00 per year membership
\$75.00 lifetime membership

I would like to make a donation to the Alumni Association:
 Scholarship Fund
 Newsletter Fund
 General Operating Fund

Make check payable to / mail to: BSHS Alumni Association, Inc.
P.O. Box 464
Bay Shore, N.Y. 11706-0646

I would like to help with the Alumni Newsletter

I would like to help with the Hall of Fame Project