



FORDSON ALUMNI ASSOCIATION
MEMBERSHIP APPLICATION
New and Renewal

NO MEETINGS-GUARANTEED!!

NAME: _____

MAIDEN NAME: _____

PERMANENT
ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

GRADUATION YEAR: _____ E-MAIL ADDRESS: _____

IS SPOUSE A FORDSON GRAD? ____ IF SO, GRADUATION YEAR _____

SPOUSE'S NAME AT
TIME OF GRADUATION: _____

Annual membership	\$15 per person	\$ _____
Life membership	\$200 per person	\$ _____
Additional contribution		\$ _____
Total Amount enclosed		\$ _____

Payable to: Fordson Alumni Association

Return to:
Fordson Alumni Association
P.O. Box 1382
Dearborn, MI 48121

Please provide us with addresses for other Alumni, and we will send them information.

Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Annual Membership: September 1 to August 31 of each year.