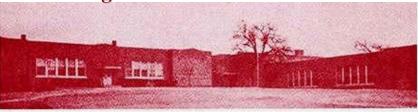
Terrell High School Memorial Foundation







Denison, Texas

Membership Application

NAME (Inc	lude Maiden Name):			
MAILING ADDRESS:	: Home:			
	Home: Street/P.O. Box	City	State	Zipcode
(Optional)	Work:Street/P.O. Box	City	State	Zipcode
E-MAIL ADDRESS:				
TELEPHON	NE (<i>Include Area Codes</i>): Home: ()		
	Work: ()		
SCHOOL I	DEMOGRAPHIC DATA:			
Class or Gra	iduation Date:			
	MEMB (Membership d	ERSHIP FEES ues are non-refundable)	
	FEE DESIGNATION (Check appli	cable spaces and	supply required	<u>information)</u>
RE	Membership Category GULAR MEMBERSHIP\$100, per p	person (Payment M Check, Money On	<u>fethod</u> rder, Cashier's Check
	TAINING MEMBERSHIP\$100, per omatically becomes a 500 plus member	-	n of contribution.	s of \$500 or more)
500]	PLUS MEMBERSHIP –minimum \$50	0, per person		
TERRELL P.O. BOX 1 DENISON,				
20,000,711,111,111				