WMAC MEMBERSHIP APPLICATION

WASHINGTON METROPOLITAN AREA CHAPTER
MEMBERSHIP APPLICATION/donation form
"Sampson Scholarship & Education fund"

Please mail this application with your membership dues to:

Ms. Terria Goodman Mayo
WMAC TREASURER
8833 West Fort Foot Terrace
Fort Washington, MD 20744

Telephone: (301)502-5432; **E-mail**: grad1620@hotmail.com

Name: _____
Last First Middle Initial

Address: _____

_____

Telephone: (_____)_____-_____ [Home] (_____)_____-_____ [Work]

(_____)_____-_____ [Cell]

Email: _____

Birth Date: ____/____/____ **Wedding Anniversary Date:** ___/___/____

WMAC Annual Membership Plan

_____ Single Annual Plan..... 1 payment.....**$100.00** (incl $20 Natl dues)
_____ Persons under 18 and Students… 1 payment .....**$ 50.00**
_____ Annual Newsletter Subscription … 1 payment ..... **$ 7.00**
_____ Making a DONATION (no amount is too small) .....**$**_____
(includes Local & National Dues, WMAC Newsletter, Events, & Fundraising)

TOTAL AMOUNT ENCLOSED: $_____.00

*****

If you are a Sampson School graduate, what year did you graduate? _____

Please **check here** ____if this is your first time joining WMAC-SHSAA, Inc. (including a local chapter).
Please **check here** ____if you are a member of a local chapter. Which Chapter? _____
Please **check here** ____if you are not a member but friend/family of a member. Member? _____

THANK YOU FOR YOUR SUPPORT!!!

Revised as of 29 September 2019/adm