

Alumni Membership Application Form

Membership Fee of $20 waived for those who join in 2018.

**Month/Year of Program Completion**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Clean Date/Sobriety Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First)

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best Form of Contact:** **Sponsor:** O Yes O No

O Phone/Text **Sponsees:** O Yes O No

O Email

O Facebook

**I am Interested in**: (check all that apply) **Joining Committee:**

O Sharing my Experience/Success Story O Event Coordination

O Participating in 12-Step Activities O Newsletters

O Serve on the Alumni Panel at Lasting Change O Meeting Planning

O Annual Picnic O Facebook

O Annual Camping Trip

O Volunteering my time to share a Skill/Activity

O Attending Monthly (Bi-Monthly) Alumni Check-in Meetings

O Receiving Newsletters

O Recreational Activities: \*Applications may be submitted via mail/email:

O Volleyball Team Lasting Change

O Kickball Team c/o Alumni Coordinator

O Hiking Trips 519 N. Locust Street

O Bowling Hagerstown, Maryland 21740

O Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cremines@thewhouse.org

 O Fundraising for Lasting Change

**Donations Accepted.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_

Membership Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alumni Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_