

# Daingerfield Alumni Association Membership Form

October 2018– October 2019

Please print or type.

First Name \_\_\_\_\_ Middle/Maiden Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Postal Address \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Circle One: Alumni      Friend      Teacher

Check One:       Daingerfield       Rhoads       Cason

Class of \_\_\_\_\_

Are you willing to serve as a class contact person?      Yes      No

|                                |                   |            |
|--------------------------------|-------------------|------------|
| Annual Dues \$10.00 per member | Amount paid _____ | Date _____ |
|--------------------------------|-------------------|------------|

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## SPOUSE MEMBERSHIP

First Name \_\_\_\_\_ Middle/Maiden Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Postal Address \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Circle One: Alumni      Friend      Teacher

Check One:       Daingerfield       Rhoads       Cason

Class of \_\_\_\_\_

Are you willing to serve as a class contact person?      Yes      No

|                                |                   |            |
|--------------------------------|-------------------|------------|
| Annual Dues \$10.00 per member | Amount paid _____ | Date _____ |
|--------------------------------|-------------------|------------|

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**Return to:** Pamela Spann, Membership  
108 Kathryn Dr.  
Daingerfield, TX 75638

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E-mail: daingerfieldalumni@gmail.com