

Bishop Walsh Alumni Association  
Membership Enrollment Form

Individual: \$30.00 \_\_\_\_\_

Couple: \$50.00 \_\_\_\_\_

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

Year of Graduation: \_\_\_\_\_

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

Year of Graduation: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_

Telephone (Day/Cell): \_\_\_\_\_

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

**Please mail this form with payment to:**

**Bishop Walsh Alumni Association**

**700 Bishop Walsh Road**

**Cumberland, MD 21502**

**\*\*Ladies, please indicate your maiden name!!**