Westmar Alumni & Friends Association

Name(s) _____

Address _____

City, State, Zip _____

Telephone _____Cell _____

E-mail address, if available _____

Can we e-mail a link to our newsletter instead of mailing a paper copy? ☐ Yes ☐ No

Attended Westmar _____ to _____ Class of _____

Membership fee: **Single $15.00** $_____

Couples $25.00 $_____

Unspecified Donation $_____

Maintenance of Westmar Memory Room $_____

TOTAL ENCLOSED **$_____**

Return this form to:
WAFA
335 First Avenue S.W.
Le Mars, Iowa 51031

Please make check payable to WAFA