

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 \$20.00 \$ _____

Couples \$35.00 \$ _____

General donation to help sustain your Alumni Association \$ _____

In Memory/Honor of _____ \$ _____
(person) _____

TOTAL ENCLOSED \$ _____



Make check payable to WAF&A and

Return this form to:

WAF&A

335 First Avenue S.W.

Le Mars, Iowa 51031