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NEWTON HIGH SCHOOL ALUMNI ASSOCIATION

NCEF

P.O. Box 623

Newton, Iowa 50208

NHS Alumni Association Membership
Membership \$7 per year / per person
5 years \$30.00 Lifetime \$100

Name _____ Class _____ Renewal New

Name _____ Class _____ Renewal New

(Please include maiden name)

Street _____ Address change

City _____ State _____ Zip _____

Alumni at the same address: Each must join to be listed with their class or respective classes. Each will receive newsletters unless one copy is specified here ____ . In this case each member's name will appear on the newsletter labels.

Number of Persons _____

Number of Years _____

Amount enclosed _____

Newsletters will be sent bi-annually. Please notify the newsletter of recent changes of addresses, deaths of alumni this year or other information.

Checks to Newton Community Educational Foundation, P.O. Box 623, Newton, IA 50208

Form may be photocopied and returned with payment.