

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN THIS FORM BY MAIL OR EMAIL TO:

MIDDLETOWN AREA ALUMNI ASSOCIATION  
P.O.Box 456, Middletown, PA 17057  
MAHSalumni@raiderweb.org

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

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_