



Milroy School Alumni Association Registration

Name (First) _____ (Last) _____ (Maiden) _____

Address: _____

City: _____ State: _____ Zip _____

Email: _____

Home phone: _____ Cell phone: _____

Graduating class of _____ or Attended from _____ to _____

Was an employee of Milroy School from _____ to _____

____ Yes, I would be willing to serve on a committee in a limited capacity.

____ Yes, I would be willing to serve the association in a more involved role.

\$10 Registration Fee: Make Checks payable to **MILROY ALUMNI ASSOCIATION**

Purpose of Alumni Association is to help with the following:

Keep you informed of Milroy News and updates.

Efforts to save composite photos and memorabilia.

Explore ways and means to utilize the old building once vacated.

Help in planning annual reunions and have ways to contact classmates.

Mail to: Milroy Alumni Association

P.O. Box 244

Milroy, IN 46156