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| --- | --- | --- |
|  | Annual Membership Renewal OR Change of Address |  |
| Name |  | Grad Year |  |
| Name |  | Grad Year |  |
| MailingAddress |  |
| City, State, ZIP |  | Phone: |  |
|  |  |  |  |  |  |  |
|  | $15 Single |  |  | $25 Couple |  |  |
| **Contributions beyond the fees above are greatly appreciated and Tax Deductible** |
| $ |  | Additional Donation to benefit Hemet Schools |
| **Total Amount Enclosed $** |  |

All checks payable to Hemet Alumni Association (or HAA), Mail to: P.O. Box 385, Hemet, CA 92546