

NEW DAY SCHOOL ALUMNI ASSOCIATION NEW YORK CHAPTER INC.



NEW DAY SCHOOL ALUMNI ASSOCIATION NY CHAPTER, INC. MEMBERSHIP FORM

Please complete all fields and mail to: New Day School Alumni Association NY. Inc., P.O Box 192. Baldwin, New York 11510

FIRST NAME: _____

LAST NAME: _____ MAIDEN NAME (IF APPLICABLE): _____

ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER(S): H _____ W _____ C _____

EMAIL ADDRESS: _____

MARITAL STATUS: MARRIED ☐ SINGLE ☐ OTHER ☐ DOB: (mm/dd) ____ / ____

YEARS YOU ATTENDED NEW DAY SCHOOL: FROM _____ TO _____

DID YOU GRADUATE? NO/YES CLASS OF _____

YOUR FAVORITE TEACHER WHILE AT NEW DAY AND WHY?

HOW DO YOU WANT TO BE INVOLVED IN THE GROWTH OF YOUR ALUMNI? (FOR EXAMPLE-MANAGE MEMBERSHIP DRIVE, BUILD OUR BRAND, MAINTAIN WEBSITE, START NEWSLETTER, P/C SKILLS, ETC.)

ALUMNI MEMBERSHIP FEE - \$120.00 ANNUALLY. MAKE CHECK PAYABLE TO NDSAA