

HELLENIC AMERICAN ACADEMY ALUMNI ASSOCIATION

"Return to where the journey began, reconnect with old friends and be part of the future"

Name of Alumnus(a) _____

(Please indicate maiden name) _____

Current mailing address _____

Occupation _____

Company name _____

Preferred e-mail address _____

Preferred telephone _____

Year (s) attended _____

Year graduated _____

Spouse's name _____

Did he/she attend the Hellenic? If so, when? _____

Do you wish to become a member of the alumni organization:

YES

NO

Choose membership level: ___ Individual, \$25 (annual) ___ Lifetime, \$500

(This includes friends or supporters)

* I wish to make a tax-deductible gift to the HAA Alumni Association:

\$ _____ .00 *(A separate charitable gift receipt will be sent to you.)*

Please make checks payable to: *Hellenic American Academy Alumni Association*

Return completed form to:

**Hellenic American Academy
Alumni Association
41 Broadway Street
Lowell, MA 01852**

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