



**Hill Country Mountaineers Chapter
West Virginia University Alumni Association
Membership Form**

Member 1

Name _____ E-mail Address _____

Mailing Address _____

Home telephone (including area code) _____

Work telephone (including area code) _____

Graduation Class and degree _____ Post-graduate class and degree _____

Occupation and employer _____

Spouse (if not a joint member) _____

Children (names and dates of birth) _____

Member 2 (if joint Membership)

Name _____ E-mail Address _____

Graduation Class and degree _____ Post-graduate class and degree _____

Occupation and employer _____

I am interested in:

_____ Assisting with recruiting new students _ Annual golf outing committee

_____ Membership committee _____ Chapter social functions

_____ Assisting local alumni with job searches _ Scholarship committee

Other ideas welcome _____

Total amount enclosed:

\$ _____ *Check # _____ Date _____

*Individual membership is \$15 per year and \$20.00 for Joint/Family membership

Make checks payable to: "Hill Country Mountaineer Chapter---WVU Alumni Association"

Mail completed forms and check to:

April Wappes, 1208 Forest Oaks Path, Cedar Park TX 78613

For more information, contact:

Chapter President, Pattie Roe, 512/440-8406 or patrwvu@earthlink.net or

Consult the website HillCountryMountaineers.org