



# NHSAA Membership Application

Norwalk High School Alumni Association  
PO Box 493, Norwalk, CT 06852-0493

**Name:** \_\_\_\_\_

**Maiden Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Association:** \_\_\_\_\_

Enclosed is my \$10.00 yearly dues:  cash  Check # \_\_\_\_\_