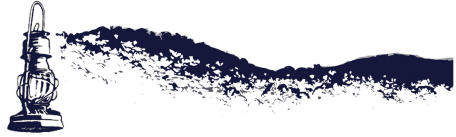


# CAMP ALLEGHANY



**ALUMNI ASSOCIATION**  
*TO UNITE, TO GIVE, TO ENRICH*

**Join Renew your Membership with the CAAA today!**  
*To join the CAAA, or renew your membership, please fill out this form and return it to:*

CAAA  
P.O. Box 8404  
Richmond, VA 23226

\*\*\*\*\*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Years at Alleghany (e.g. 1975-1980): \_\_\_\_\_

Check all below that describe you:

- |  |  |
|--|--|
| <input type="checkbox"/> Blue Team Member  | <input type="checkbox"/> Spouse of a Ghany Girl or Green Team Member |
| <input type="checkbox"/> Gray Team Member  | <input type="checkbox"/> Alleghany Parent                            |
| <input type="checkbox"/> Green Team Member | <input type="checkbox"/> Alleghany Grandparent                       |
| <input type="checkbox"/> NCCC (orange)     | <input type="checkbox"/> Other (friend/supporter of Alleghany)       |

Are you interested in serving on an alumni committee? If so, in what capacity? \_\_\_\_\_

*Amount you wish to pledge:*

- |  |   |
|--|---|
| <input type="checkbox"/> \$25.00 Annual Membership | <input type="checkbox"/> \$25.00 Annual Membership plus an additional donation:                             |
|  | <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$100.00 <input type="checkbox"/> Other: \$ _____ |

*Payment Options:*

- Check (check #: \_\_\_\_\_)
- Cash

*Please make your check out to: Camp Alleghany Alumni Association*

*and mail it along with this form to:*  
CAAA  
P.O. Box 8404  
Richmond, VA 23226