



National Association of E.E. Smith Alumni & Friends Membership Form

Date: _____ Graduation Year: _____

Name: _____
First Middle / Median Last

Address: _____

City: _____ State: _____ Zip: _____

Home #: (____) _____ Cell #: (____) _____

Make Checks or Money orders payable to: NAEESAF
 P.O. Box 1691
 Fayetteville, NC 28302
 You may also pay via PayPal at eesalumniandfriends1927@gmail.com

Early Bird Membership Dues (\$35.00) \$ _____
July 1 – December 31

Membership Dues (\$40.00) \$ _____
Sent After December 31

Lifetime Membership Dues (\$300.00) \$ _____

Donation to the General Scholarship Fund \$ _____

Total Amount Enclosed \$ _____

“Oh Smith how we love thy name...”

Office Use Only

Date: _____ Rec'd By: _____ Check #: _____ Money Order: _____ Cash: _____ Balance Due: _____