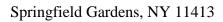


HOLMWOOD TECHNICAL HIGH SCHOOL ALUMNI ASSOCIATION, NY INC.

P.O. BOX 130039





ENROLLMENT FORM

Name:		Alias:
Address:		
City:	State:	Zip Code:
Occupation (optional):		
Home Tel:	Business Tel:	Mobile Tel:
Email Address:		Years Attended:
Referred by: I hereby apply to mem	_	ast Students Association Inc. I further agree
to pay a yearly member	ership fee of \$60.00 and to su	pport the association in all its ventures.
Signed:		Date:
•	STERED AS A NON-PROFIT ORGANIZA FOR OFFICIAL	ATION IN THE STATE OF NEW YORK
-	STERED AS A NON-PROFIT ORGANIZA	ATION IN THE STATE OF NEW YORK USE ONLY
REGI	STERED AS A NON-PROFIT ORGANIZA FOR OFFICIAL	USE ONLY Date: