

Name _____ Class _____
 First M. (Maiden) Last

Name _____ Class _____

Address _____

City _____ State _____ Zip _____

Phone () _____ E-mail _____

Membership and Donations

Dues:

One Year - \$3.00 \$ _____

Six Years - \$15.00 \$ _____

13 Years - \$30.00 \$ _____

Scholarship Fund \$ _____

 In memory of _____

Total Enclosed \$ _____

Send the above form and a check, made out to Akron Alumni Association,
 and mail to PO Box 92, Akron, NY 14001.