

**Registration 44<sup>th</sup> Reunion Weekend**  
**July 5-7, 2024**  
**and**  
**Greenville Industrial-Eppes High Alumni Association**  
**MEMBERSHIP FORM**

(Please type or print. You may copy this form if necessary.)

Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

(Street) (City) (State) (Zip)

Telephone Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email: Home \_\_\_\_\_ Work \_\_\_\_\_

**REGISTRATION FOR 44th REUNION WEEKEND**

- |                          |  |    |                 |
|--------------------------|--|----|-----------------|
| <input type="checkbox"/> | Membership Dues ( Eppes Alumni and Heritage Society Operations)  | \$ | 30.00           |
| <input type="checkbox"/> | Weekend Package (Annual Meeting/Parade/Gathering/Banquet/Entertainment/<br>Church Service/Music/Supplies for Events) | \$ | 100.00          |
| <input type="checkbox"/> | Banquet with Entertainment and Music   |    |                 |
|                          | _____ Tickets (\$50.00) _____ Tables of 8 (\$400.00)   | \$ | _____           |
| <input type="checkbox"/> | Donation for Church Service  | \$ | _____           |
| <b>TOTAL</b>             |  |    | <b>\$ _____</b> |

**PLEASE CHECK METHOD OF PAYMENT**

Please make check or money order payable to: **GI- EPPES HIGH ALUMNI ASSOCIATION** and mail to the  
 GI-Eppes High Alumni Association, Attention of Financial Secretary, P.O. BOX 6032, Greenville, NC 27835

- \_\_\_\_\_ Check \_\_\_\_\_ Money Order  
 \_\_\_\_\_ PayPal Invoice (includes handling fee-on-line) [gi.cmeppealumniassoc@gmail.com](mailto:gi.cmeppealumniassoc@gmail.com)

\_\_\_\_\_ Attending in person \_\_\_\_\_ Attending via Zoom

**GENERAL MEMBERSHIP INFORMATION:** Please Specify:

\_\_\_\_\_ Year Graduated from Eppes \_\_\_\_\_ Last year attended Eppes \_\_\_\_\_ Did not attend Eppes

Please check the areas in which you feel that you possess skills or expertise and are willing to contribute to the Alumni Association.

- |                             |                                  |
|-----------------------------|----------------------------------|
| _____ Board Governance      | _____ Budget and Finance         |
| _____ Community Relations   | _____ Event Planning             |
| _____ Fund Development      | _____ Information and Technology |
| _____ Other (Specify) _____ |                                  |

**FOR ASSOCIATION USE ONLY:**

Date received by Membership Chair

Date received by Financial Secretary

\_\_\_\_\_

\_\_\_\_\_