

MEMBERSHIP FORM
Here is my Academic Donation of...

_____ \$5.00 _____ \$10.00 _____ \$25.00 _____ \$100.00 Other \$ _____

Name (to appear in the graduation ad): _____

Address: _____

Phone: _____ Email: _____

____ Yes, I am interested in becoming more active in the Circleville Academic Booster Club.

____ Yes, I would like to receive an Email copy of the ABC meeting minutes. (Include email address above.)

____ Yes, I am interested in becoming a mentor through the PACE program.

***Please remit your check and membership form to:
Circleville Academic Booster Club, c/o Teresa Ankrom, 390 Lawnwood
Drive, Circleville, Ohio 43113***