

MEMBERSHIP SIGN-UP

For Madison Educational Assistance Fund, Inc.

NAME (S)

ADDRESS:

PHONE: _____

FOR MHS GRADUATES:

Please give:

Year: _____

Please check:

Annual (\$10) _____

Dual (\$20) _____

Life(\$500) _____

Gift (Specify amount) _____

Please Make Checks payable to: Madison
Educational Assistance Fund

Mail to: Carol Porter

Box 142

Madison, KS 66860