



Brimfield High School Alumni Association Faculty Membership Form



Membership Categories

- \$25 Annual Membership
- Scholarship Donation

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Name _____ Date _____ Years at Brimfield _____

Street _____

City _____ State _____ Zip _____

Phone() _____ Email List _____

Birthday _____ Anniversary _____

Please make checks payable to: **Brimfield High School Alumni Association (BHSAA)**

Mail to: c/o Clint McKown, 505 N Jackson St, Brimfield, IL 61517

Contact Person: Clint D. McKown, 309-712-9079

*If two-alumni faculty household, please indicate class year for both spouses.

Alumni Email: brimfieldalumni@gmail.com

**Your BHSAA membership is greatly appreciated! Your membership fees will help fund
BHSAA annual scholarship & annual alumni events. BHSAA would like to thank you again for your support of this local
organization.*