

waxahachie

ex-students association



Membership Form

Waxahachie Indian Class Of: _____

Name: _____
First Middle Last Maiden

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email: _____

Spouses Name: _____
First Middle Last Maiden

Interested in Helping to Plan a Reunion? ___ Yes ___ No

Please return Membership Form and \$15 Dues To:
Waxahachie Ex-Students' Association
P.O. Box 906
Waxahachie, Texas 75168