

## LIFETIME Membership Application Form

# HOWELL PUBLIC SCHOOLS ALUMNI ASSOCIATION (HPSAA)

The Howell Public Schools Alumni Association (HPSAA) operates as one of four standing-committees of the Howell Education Foundation (HEF) with a Foundation Board member acting as a non-voting member of the HPSAA Board of Directors. The goal of the HEF is to assist in the development of the HPSAA as it grows and realizes the potential good the affiliation has to offer HPSAA members.

The purpose of the Association shall be to promote the spirit of alumni unity and camaraderie through communications and reunions, to locate alumni, to acquire and maintain school and Association memorabilia and to support the HPS through various events, activities, gifts and scholarships.

### Membership Eligibility & Privileges:

- Any individual who attended (whether graduated or not) the Howell Public Schools (HPS), who taught in or was employed by the HPS, or who has significantly assisted the Association is eligible to become a member of the Association and hereinafter such members shall be referred to as "alumni." Eligible individuals become members of the Association by submitting an application for membership accompanied by the applicable LIFETIME dues payment.
- Members may vote, run for, and be elected to positions as officers and/or board members; serve on special events & activities committees; and are entitled to any or all other benefits as may be determined by the HPSAA Board of Directors.

***I hereby apply for membership in the Howell Public Schools Alumni Association.***

### Membership Category – Check All That Apply

Date \_\_\_\_\_

1. Current or Former HPS student \_\_\_\_\_ Class Year with which you wish to be affiliated \_\_\_\_\_
2. Current or Former HPS Employee \_\_\_\_\_ Years of Service from \_\_\_\_\_ to \_\_\_\_\_
3. Friend of the HPS \_\_\_\_\_ Explain \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_  
(First) (MI) (Last) (Maiden)

Address \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

Email Address \_\_\_\_\_

Spouse \_\_\_\_\_ / \_\_\_\_\_  
(First) (MI) (Last) (Maiden)

Email Address \_\_\_\_\_

**Please make check for \$25 LIFETIME membership dues payable to**

**Howell Public Schools Alumni Association**

**C/O HOWELL PUBLIC SCHOOLS**

**411 N. HIGHLANDER WAY**

**HOWELL, MI 48843**

**517-540-8010 - Extension 81824**

**[hpsalumni@howellschools.com](mailto:hpsalumni@howellschools.com)**