

**ANNUAL DUES STATEMENT**

**AMOUNT \$10.00**

Name \_\_\_\_\_

(If married, please include maiden name)

Address \_\_\_\_\_

\_\_\_\_\_

Zip Code \_\_\_\_\_ Class \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please mail your check for \$10.00 payable to WCGAA along with this form to:

**West Catholic Girls' Alumnae Association**

**P.O. Box 805, Broomall, PA 19008**

**To receive a Dues Card, you must include a self-addressed, stamped envelope**