

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Class year \_\_\_\_\_ Spouse also an alum \_\_\_\_\_

Other relatives also alums \_\_\_\_\_

News (attach a separate sheet if needed ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return to: WAFA

335 First Ave. S.W.

Le Mars, Iowa 51031

Or e-mail to: [info@westmar.org](mailto:info@westmar.org)

