

APPLICATION FOR MEMBERSHIP

School Year _____

Brookhaven Academy Educational Foundation, Inc.
943 Brookhaven Blvd. Ext.
Brookhaven, MS 39603-7339

I hereby make application for membership in Brookhaven Academy Educational Foundation, Inc. non-profit corporation established pursuant to the laws of the State of Mississippi. I agree to be bound by all the rules, regulations and conditions as may be imposed on the members of the Foundation.

I agree that no membership certificate will be issued until the following conditions are met:

1. I pay the non-refundable and non-transferable membership fee of \$750 or
2. I transfer two shares of capital stock of Brookhaven Academy, Inc. to Brookhaven Academy Educational Foundation, Inc.
3. I am approved as a member by the Board of Trustees of the Foundation.

I request that the membership be placed in the name(s) set forth below (either in my name, my spouse's name, or jointly in my spouse's name and in my names).

Name(s) as it appears on the membership certificate. Please print. Both must be signed if joint application.

Name: _____

Signature: _____

SS# _____

Name: _____

Signature: _____

SS# _____

Address: _____

Telephone Numbers(s):

Home _____

Cell _____

Cell _____

Date of Application : _____

Student's Name(s): _____ Grade(s): _____