

**TIMKEN ALUMNI MEMBERSHIP FORM**

Name: \_\_\_\_\_  
( Last ) ( First ) ( Maiden ) ( Year Grad. )

Spouse: \_\_\_\_\_  
( If Timken Grad., please give maiden name & Year of Grad. )

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

|                            |         |                     |          |
|----------------------------|---------|---------------------|----------|
| 2013 .... DUES: Annual.... | \$15.00 | Lifetime.....       | \$150.00 |
| Spouse....                 | \$15.00 | Lifetime (spouse).. | \$150.00 |

Please make checks payable to Timken Alumni Association and mail with the above form to: Timken Alumni Association ..... C/O Membership..... P.O. Box 8504 .....Canton, Ohio 44711

---

To: Timken H.S. Alumni Association  
P.O. Box 8504  
Canton , Ohio 44711