



SOUTH HIGH SCHOOL ALUMNI ASSOCIATION MEMBERSHIP FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

CLASS OF _____

ANNUAL DUES (PER ALUMNI) \$10.00

MEMBERSHIP: NEW _____ RENEWAL _____

ADDRESS: NEW _____ EXISTING _____

_____ DONATION TO SCHOLARSHIP FUND \$ _____

_____ DONATION TO ARCHIVES \$ _____

_____ DONATION TO _____ \$ _____

TOTAL ENCLOSED \$ _____

MAIL COMPLETED APPLICATION WITH PAYMENT TO:

SOUTH HIGH SCHOOL ALUMNI ASSOC.

P.O. BOX 06287

COLUMBUS, OHIO 43206