



# 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**