



SOUTH HAGERSTOWN HIGH SCHOOL ALUMNI ASSOCIATION
MEMBERSHIP FORM

NAME:

Last (Maiden) First M.I.

_____ (____) _____ (____) _____

Mailing Address Home Phone Cell Phone

City State ZIP E-Mail Address

Check One: ___ Member of the Class of _____ ___ Faculty or Staff

Check One: ___ New Member ___ Renewing Member

I understand that the South Hagerstown High School Alumni Association is maintaining an Alumni Directory. I agree to have my name and mailing address included in the Alumni Directory. I would also like to have the following information included in this directory: (CHECK ALL THAT APPLY)

___ Home Phone Number ___ Cell Phone Number ___ E-Mail Address

I understand that the fee for membership is **\$25.00**. This is a one time charge. There are no annual dues to pay.

In order to activate your membership the membership fee is due with this form.

I understand that the primary goal of the South Hagerstown High School Alumni Association is to support South Hagerstown High School. I support the establishment of a scholarship fund to provide scholarships to deserving South Hagerstown High School students.

Make your check payable to: SHHS Alumni Association
Mail this form & check to: SHHS Alumni Association, P.O. Box 597, Funkstown, MD 21734-0597

Your membership card is your receipt for your membership fee.

Signature Date

This form and the membership fee of \$_____ (paid by ___ cash / ___ check) has been received
by _____ on _____.

Signature Date