

**CLINTON HIGH SCHOOL ALUMNI ASSOCIATION
MEMBERSHIP FORM**

NAME:

First (Maiden) Last M.I.

Mailing Address Home Phone Cell Phone

City State ZIP E-Mail Address

Check One: ___ Alumni Member(Must be an Alumni) Class of _____

Check One: ___ Associate Member

I understand that the Clinton 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 **\$20.00**. 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 Clinton High School Alumni Association is to support the Clinton School District and its Alumni.

Make your check payable to: CHS Alumni Association

Mail this form & check to: CHS Alumni Association,
701 South 8th St.
Clinton, MO 64735

Your membership card is your receipt for your membership fee.

Signature Date

This form and the membership fee of \$ 20.00 (paid by ___ cash / ___ check)

has been received by _____ on _____.
Signature Date