

# MEMBERSHIP FORM

**Please complete and return this form** so that our records can be kept up to date.

New Member

Renewing Member

Gift Membership

Expiration Date on address label \_\_\_\_\_ Please pay before this date!

Class mo/yr \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

MI/Maiden Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Include SHHS Alumni Spouse as a non-paying Member:

Last name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Maiden \_\_\_\_\_ Class mo/yr \_\_\_\_\_

Annual Membership Dues @ \$15 per year in advance \$ \_\_\_\_\_

Tax Deductible Donation to Scholarship Fund  
(100% used for scholarships) \$ \_\_\_\_\_

Tax Deductible Donation – Misc. Projects \$ \_\_\_\_\_

Ck # \_\_\_\_\_ Payable to SHHSAA. Thank You! Total \$ \_\_\_\_\_

Mail to: SHHSAA, PO Box 67, Bridgeville PA 15017