

**MEMBERSHIP FORM**

Important! To ensure proper credit for your dues and donations, please fill out this form completely.

Check one of the following three:

New Member.  Renewing Member.  Gift Membership

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

Class month/year \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Street. \_\_\_\_\_

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

Telephone \_\_\_\_\_

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

Include SHHS Alumni Spouse as a non-paying Member:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

MI/Maiden Name \_\_\_\_\_ Class month/year \_\_\_\_\_

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

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

Tax Deductible Donation – Misc. Projects \$ \_\_\_\_\_ Check# \_\_\_\_\_ -

Payable to SHHSAA. Thank you!

TOTAL \$ \_\_\_\_\_ Mail to: **SHHSAA, P.O. Box 95, Meadow Lands, PA 15347**