

# Slippery Rock High School Alumni Association

## Membership Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_

Class of: \_\_\_\_\_

Address: \_\_\_\_\_

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

Please check where appropriate.

	Annual Membership	\$10.00
	Lifetime Membership	\$50.00
	For Scholarship Fund	\$ _____
	For General Expenses	\$ _____

We are attempting to keep all alumni information current. Any information obtained is used by the Association only and is not sold, rented or given away for any other purpose. If you move or your information has changed, please notify us and we will make the necessary changes. Thank you!

Please mail to:

SRHSAA Inc.  
P.O. Box 674  
Slippery Rock PA 16057

Checks may be made payable to:

Slippery Rock High School Alumni Association