

San Diego High School Alumni Association Membership Application



CHECK THIS BOX to become more involved with the SDHS Alumni Association.

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Last Name in Yearbook	Class Year
_____	_____	_____	Note: May be partner, significant other, etc.	
Spouse Last Name	First Name	M.I.		
_____	_____	_____	_____	_____
Address / Street	Apt/Unit #	City	State	Zip Code +4
_____	_____	_____		
Home Phone	Mobile Phone	E-mail Address		

School Activities: Athletics Choir ROTC Sergeanettes Other _____

Please check a box to indicate your preference in membership:

- Annual \$15 per year 2-yr Special \$25 5-yr Special \$50 LIFETIME Member \$100
- Sustaining \$150 or more A sustaining member contributes on a periodic basis as the heart determines.
- Friend – (Classmate that did not graduate with class, spouses, former teachers, staff, coaches, etc.)
- I want to include a GIFT for the SDHS Alumni Association in my estate planning. Please contact me for more information.

Please submit your completed membership application and mail along with your check to the SDHS Alumni Association office.

**Make Checks
Payable To:**

SDHS ALUMNI ASSOCIATION
1405 Park Boulevard
San Diego, CA 92101-4722
Phone: (619) 525-7455 x2354

**Need more information or have
a question?**
Email: sdhsalumni@gmail.com
Phone: (619) 231-8982

VISIT our website: www.sandiegohighschoolalumni.org

05/07/2016