SOUTH HIGH SCHOOL ALUMNI ASSOCIATION
2027 MEMBERSHIP FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

CLASS OF _____

PREFER QUARTERLY NEWSLETTER BY MAIL ☐ OR E-MAIL ☐

2027 ANNUAL DUES (PER ALUMNUS) $15.00

ADDITIONAL YEAR'S DUES # OF YEARS _____ x $15.00 $ _____

MEMBERSHIP: NEW _____ RENEWAL _____

ADDRESS: NEW _____ EXISTING _____

_____ DONATION TO SCHOLARSHIP FUND $ _____

_____ DONATION TO ARCHIVES $ _____

_____ DONATION TO _____ $ _____

TOTAL ENCLOSED $ _____

MAIL COMPLETED APPLICATION WITH PAYMENT TO:

SOUTH HIGH SCHOOL ALUMNI ASSN.
P.O. BOX 12214
COLUMBUS, OHIO 43212-0214

LRL: 08-20-2026