



SOUTH HIGH SCHOOL ALUMNI ASSOCIATION 2026 MEMBERSHIP FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

CLASS OF _____

PREFER QUARTERLY NEWSLETTER BY MAIL OR E-MAIL

2026 ANNUAL DUES (PER ALUMNUS) \$12.00

ADDITIONAL YEAR'S DUES # OF YEARS _____ x \$12.00 \$ _____

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**