

Centralia High School Alumni Association
CHSAA Membership Application

Name _____ Year of Graduation _____

Spouse _____

Address _____

City/State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email _____

I would prefer to work on the following committees:

___ Budget & Finance ___ Membership ___ Activities ___ Scholarship
___ Nominating ___ Other _____

Active Member:

___ I am a Graduate of Centralia High School. Year _____.

Associate Member:

___ I am a spouse of a CHS graduate.
___ I am present or past staff member at CHS.
___ I have had children attend, currently have children attending, or will have children attend CHS.
___ I am a concerned citizen and would like to help CHS.
___ I attended Centralia High School but am not a Graduate.
___ Other. _____

Membership Fees

One year Membership (2007): \$10

Other Amount: _____

Make checks payable to: CHS Alumni Association

Attn: Membership Committee

2100 E. Calumet St.

Centralia, IL 62801

I give permission to post the following on the CHS Alumni Association webpage:

___ Name ___ Mailing Address ___ Phone Number ___ Email Address

Signed _____ Date _____ 20____