Clinton High School Alumni Association
Membership Form

First	(Maiden)	Last
Mailing Address	( ) Home Phone	( ) Cell Phone
City	State ZIP	Email Address

Check One

_____ Alumni Member (CHS graduate) Class of _____

_____ Associate Member (not a CHS graduate)

Read and Sign

I understand the Clinton High School Alumni Association maintains an alumni directory. I agree to have my contact information included in the directory. The association does not distribute this information; it is used only for purposes within the association.

I understand the fee for membership is $20. This is a one-time charge; there are no annual dues. Checks should be made payable to the **CHS Alumni Association**. This form and the payment can be mailed to: CHS Alumni Association; PO Box 743; Clinton, MO 64735.

I understand the primary goal of the CHS Alumni Association is to support the Clinton School District and its alumni.

The membership card is your receipt. The card will be given or mailed to you after your application has been processed.

Signature Date

Board Member to Complete this Section

This form and the membership fee of $20 (paid by ____cash/_____ check #_____) was received by _____ on _____).

Signature Date

Membership Card Given ____ Email Address Entered____ Information in Database____