ONEONTA HIGH SCHOOL ALUMNI ASSOCIATION MEMBERSHIP APPLICATION

To become a member, please fill out this form, attach a check, and send to the address below.

First name			
Last name			
Maiden name (if applicable)			
OHS Graduating Class of			
Check one: New Member Rene	ewal		
Address:			
Street			
City	State	Zip	
Telephone Number			
E-Mail Address			
Spouse's name			
Spouse's Class Year (if OHS)			
No, I do not want to be contact If you have an e-mail address, can Would you be willing to serve on a Would you be willing to serve as a	we use it to co a committee? Y	ontact you? Yes No Yes No	
Dues Fee Schedule: 1 year \$15	, 6 years \$75 _	_, 12 years \$150, Lifetime \$400	
I would like to offer my support to OHS Alumni Association Scholars		g seniors. Enclosed is an additional \$ nt Fund.	_ for the
• • • •	01(c)3 not-for-p	h School Alumni Association. Oneonta profit organization. Your dues and dona	_
OHS Alumni Association			
PO Box 604			
Oneonta, NY 13820			

If you wish to tell us more about yourself and send a photo, please e-mail this and your phone

number to admin@oneontahighalumni.org with "OHS Alumni" in the subject line.