



Pass Christian High School Alumni Association

Membership Application

All fields are required

Firstname Maiden/Middle Lastname Class of

Street Address City State Zip code

E-mail Address Phone Number

Firstname Maiden/Middle Lastname Class of

Street Address City State Zip code

E-mail Address Phone Number

Check the boxes applicable below:

- ☐ I would like to receive email notifications and newsletter.
☐ I would like to help with planning of annual reunion celebration.
☐ I would like to serve on the alumni board or committees.

Annual Dues: {!! Coverage period is from April 1st of the current year through March 31st of the following year. !!}
Dues are waived for 60 year class and prior

# of Members	X	Cost per Member	=	Total Dues Cost
		\$20		

Scholarship Donation Amount: \$

Scholarship donations go to a graduating senior of Pass Christian High School. Each year we try to award at least one (1) \$1,000 scholarship. In the past we have been blessed to be able to award as many as three (3) scholarships. Any and all donations are appreciated.

If your scholarship donation is in memory of a loved one or classmate, please indicate the name(s) and year graduated.

In Memory of: _____ **Class of:** _____

Please make checks payable to:
PCHSAA PO Box 164 Pass Christian, MS 39571

Total Remittance:\$ _____

This section for official PCHSAA use ONLY:

Total Amount Received: \$ _____ ☐ Cash ☐ PayPal ☐ Check # _____

Date Received: _____ Received by: _____

Pass Christian High School Alumni Association
PO Box 164 Pass Christian, MS 39571

Website: <https://www.pchsaa.us>
Email Address: pchsaa.board@gmail.com
PCHSAA Membership Registration Form (Revised August 2024)