



# 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 1<sup>st</sup> of the current year through March 31<sup>st</sup> of the following year. !!}**

**Dues are waived for 60 year class and prior**

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