

FHS Alumni Association Membership Form

Membership Level (check one):		
FHS Graduates ☐ Lifetime: \$100 ☐ Lifetime Couple Member (both are FHS alums): \$1 ☐ Annual: \$25	50	
<u>Current/Former FISD Staff</u> ☐ Lifetime: \$100		
Friend of the Association ☐ Lifetime: \$100		
2017 Graduating Senior		
☐ Lifetime: \$25 (\$100 after Dec. 31, 2017)		
Please complete all contact information below.		
Full Name (include maiden):	Graduation Year:	
Spouse full name (couple membership):	Graduation Year:	
Address:		
Email (include both if couple):		
Phone:		
(Please note: If you are purchasing memberships for a	multiple people, please complete a contact form for each individual.)	
Payment (check one):	☐ Credit Card*	
Name on credit card:		
Credit card number:	Exp CCV #	
Billing Address:		
* A 3% fee will be added to credit card transactions.		
Are you interested in participating on an Alumni Associ ☐ Of course ☐ No thanks	ciation Committee? ☐ Not right now, but I promise I'll think about	it

Please complete this form, enclose check or money order made payable to FHS Alumni Association, or complete credit

card info, and mail to: