

2019/2020 Official Membership Application

140th AXP Reunion July 10, 11, & 12, 2020

Ex-Pupil Past Student **Employee:** Retired/Former Employee of the Home
Associate Spouse of Ex-Pupil/Employee or Family of Ex-Pupil/Employee 18 & Older
Jr. Associate Family of Ex-Pupil/Employee age 17 & Under
Community Member: A Person age 18 & above who demonstrates a desire to help fulfill the mission of the AXP (Board Approval Required)

Ex-Pupil : _____ **\$ 30.00**
(Last) (First) (Maiden) (Class of)

Double Ex-Pupil : _____ **\$ 30.00**
(Last) (First) (Maiden) (Class of)

Employee, Associate, Community: _____ **\$30 x =**

Circle One Above (Last) (First) Write additional Associates on back

Jr. Associate: _____ **\$10 x =**
(Last) (First) Write additional Juniors on back

Information Update:

Is there a change? If No you do not need to fill out

Help Our Home Endure Project (H.O.M.E. Project)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

CADET annual pledge \$ 25.00
RESERVE CADET annual pledge \$ 50.00
VARSITY CADET annual pledge \$125.00
SUSTAINER annual pledge \$250.00

Reunion Banquet Tickets: (6 and Under Free) \$20 per person \$ _____
AXP Directory: Paper Copy Or Flash Drive \$7 each \$ _____
A.X.P. Loyalty Fund \$ _____

Make Check Payable To: Association of Ex-Pupils' Loyalty Fund Total = \$ _____

Make Separate Check Payable To: AXP Chapel Fund \$ _____

H.O.M.E. Project Donation and or Regular Museum Donation
Make Separate Check Payable To: AXP Museum Fund \$ _____

Mail Application and Payments To:

AXP Membership
650 Elliott Dr. Xenia, Oh 45385

For More Information Visit us at www.ossoovch.org
PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY

Received On: _____ Entered in DB on _____
Received By: _____ Entered By: _____

Total: _____
Check # _____