

Alumni Lifetime Membership Application

Member Information

Name

First

Last

Year Graduated

Date of Birth

MM/DD/YYYY

31

Spouse Information

Spouse Name

First

Last

Are you paying for your spouse to join Alumni Association?

Yes

No

Spouse Date of Birth

MM/DD/YYYY

31

Is your spouse a STHS Alumnus?

Yes

No

Year Graduated

(Spouse)

Spouse Maiden Name

Mailing Information

Mailing Address

Contact Information

Home Phone

Cell Phone

Email

Membership Information

Choose one of the membership types below

- \$15.00 Alumnus Individuals
- \$20.00 Non-Alumnus Individuals
- \$25.00 Alumnus and Alumnus Spouse
- \$35.00 Alumnus and Non-Alumnus Spouse

Additional Donation to Alumni Association

- \$10.00
- \$15.00
- \$20.00
- \$25.00
- \$50.00
- Other

APPLY