

EDGEWOOD HIGH SCHOOL ALUMNI ASSOCIATION MEMBERSHIP FORM

PLEASE NOTE: Due to postage costs, individual statements for dues will not be mailed.

First Name: _____

Last Name (graduated): _____

Last Name (current): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (area code): _____

Class of : _____

Clip and return with your check as follows:

_____ \$75.00 for lifetime membership. (effective July 1, 2016)

_____ \$25.00 for three year membership (effective July 1, 2016).

_____ \$40.00 for Lifetime Associate Membership.

_____ General donation to the Scholarship Fund (tax deductible).

_____ Gift (in memory of) _____

Enclosed is a check for _____ payable to the Edgewood High School Alumni Association.

IF YOU HAVE CHANGED YOUR RESIDENCE IN THE LAST SIX MONTHS, OR IF ANY OF YOUR EDGEWOOD HIGH SCHOOL GRADUATE CHILDREN HAVE MOVED, PLEASE ADVISE THE ALUMNI ASSOCIATION OF THE NEW ADDRESS.

Please join us. You can submit your information via E-mail and send your check via snail mail to:

Edgewood Alumni Association
P.O. Box 24
Ashtabula, Ohio 44005-0024

Thank you for your support.