

Membership Application

PLEASE COMPLETE FORM AND MAIL WITH YOUR CHECK TO:
CSHS/PALMER ALUMNI ASSOCIATION, P.O. BOX 2230, COLORADO SPRINGS, CO 80901-2230
(GRADUATE, ATTENDEE, OR ASSOCIATE MEMBERSHIPS - \$10.00 PER PERSON PER YEAR.)

NAME _____
FIRST MAIDEN LAST
Graduated ___ Yes ___ No Year _____ ***Years attended if not a graduate ___ to ___ ***Associate _____

NAME _____
FIRST MAIDEN LAST
Graduated ___ Yes ___ No Year _____ ***Years attended if not a graduate ___ to ___ ***Associate _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE(____) _____ EMAIL _____
() RENEWAL () NEW MEMBER () REINSTATED MEMBER () NEW ADDRESS

Enclosed is my check # _____ in the amount of \$ _____

Please specify below the AMOUNT and to which FUND(S) you wish your donation(s) be applied.

(Example check # 4245 in the amount of \$30.00, \$20.00 Dues, \$10.00 General Fund)

\$ _____ Dues	\$ _____ I Love to Read	\$ _____ Senior Brunch
\$ _____ General Fund	\$ _____ Clock Maintenance	\$ _____ Scholarship Fund
\$ _____ Homecoming	\$ _____ School Beautification	\$ _____ Bell Tower Maint.
\$ _____ Bob Isaac Memorial	\$ _____ Ron Tuttle Memorial	
\$ _____ Memorial to: _____		

(All funds donated for Memorials will be deposited in the General Fund unless specified otherwise.)

(Revised April 23, 2011)