Clinton High School Alumni Association
Membership Information

Name _____

Class Year (if applicable) _____

Maiden Name (if applicable) _____

Spouse's Name (if applicable) _____

Address _____

City_____ State _____ Zip Code _____

Telephone _____ _____
Home Work

Cell Phone _____

Fax _____ Email _____

Information for second person at this same address (if applicable)

Name _____

Class Year (if applicable) _____

Maiden Name (if applicable) _____

My check to CHSAA is enclosed for the following:

- ☐ $10 for one membership
- ☐ $15 for two memberships at same address
- ☐ $5 for students
- ☐ $500 for Life Membership
- ☐ $1,000 for Sponsor Membership
- ☐ Scholarships (any amount)
- ☐ I am willing to volunteer. Contact me.

Mail to: Clinton High School Alumni Association
P.O. Box 1600
Clinton, MS 39060

Telephone: (407) 382-1749
(407) 382-1943