

VHS Alumni

VICTORIA ALUMNI ASSOCIATION

PO BOX 382

VICTORIA, KS 67671

2019-2020 MEMBERSHIP / HOMECOMING RESERVATION FORM

Due: Wednesday, September 18, 2019

Graduating Class

Name _____

(Year)

Maiden Name _____

Spouse / Guest _____

(Year)

Non-graduate _____
(Year)

Associate Member

Address _____

City _____ State _____ Zip _____

Phone # _____ E-mail Address _____

IMPORTANT: Permission to enter personal information on web site:
(Please disregard if you have already addressed this issue.)

Address: _____ Yes _____ No

Phone: _____ Yes _____ No

E-mail: _____ Yes _____ No

Annual Membership Fee per Alum \$5.00	\$	_____
Number attending the banquet and dance _____ (\$40.00 per person).....	\$	_____
Donation to Scholarship Fund.....	\$	_____
Donation to Association General Fund	\$	_____
Raffle Tickets	\$	_____
Amount Enclosed	\$	_____

Please note any news concerning marriages, births, promotions, accomplishments, retirements, anniversaries, or change of address.
