

VHS Alumni

VICTORIA ALUMNI ASSOCIATION

PO BOX 382

VICTORIA, KS 67671

2017-2018 MEMBERSHIP / HOMECOMING RESERVATION FORM

Due: Wednesday, September 20, 2017

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 _____ (\$30.00 per person) | \$ | _____ |
| Donation to Scholarship Fund | \$ | _____ |
| Donation to Association General Fund | \$ | _____ |
| Donation to Gym Floor Fund | \$ | _____ |
| Raffle Tickets | \$ | _____ |
| Amount Enclosed | \$ | _____ |

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