

# VHS Alumni

VICTORIA ALUMNI ASSOCIATION

PO BOX 382

VICTORIA, KS 67671

## 2018-2019 MEMBERSHIP / HOMECOMING RESERVATION FORM

**Due: Wednesday, September 5, 2018**

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 Music Department 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.**

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