



Cuyahoga Heights Alumni Association

Membership Application

DATE _____

NAME _____ CLASS OF _____

Spouse Name (if alumnus) _____ CLASS OF _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE +4 _____

EMAIL _____

(Can we publish your email address in a future newsletter?) Yes or No (circle one)

Enclosed is a check for \$ 5 per year. Can be paid annually or for a number of year (2 years \$10, 3 years \$15, 4 years \$20, etc.)

Enclosed is \$ _____ for _____ years of membership

Make check payable to CHHS Alumni Association and mail to:

CHHS Alumni Association, 4820 East 71st Street, Cuyahoga Hts., OH 44125

THANK YOU FOR YOUR SUPPORT OF THE CHHS ALUMNI ASSOCIATION!
