

MR. MS. MRS. MISS DR.

First name/ middle name/ last name

Maiden name (if applicable)

Address

City/ State/ ZIP

Home telephone

E-mail address

Business name (Optional)

Business address (Optional)

Birthday _____ / _____
Month Day

I am a graduate of Streetsboro High School

Year _____

I am not a graduate of Streetsboro High School, but I am a Teacher/Administrator in Streetsboro Schools (Associate Member)

I am not a graduate of Streetsboro High School, but I am a citizen of Streetsboro (Associate Member)

Annual Dues:

- Students \$1.00
- Members \$5.00

Lifetime Dues:

- \$25.00 payable in full

Please make your check or money order payable to Streetsboro Alumni Association. Our fiscal year is July 1 through June 30.

Membership Card Benefits:

- Alumni Quarterly Newsletter
- Laminated membership card
- Birthday Postcard in the month of your birth
- Alumni Association Decal
- Reduced admission cost to Athletic Events & Performing Arts Shows on the Streetsboro High School Campus

Opportunities for Participation:

- Alumni Scholarship Fund
- Gifts and Endowments
- Campus Activities and Events
- Mentoring for Students
- Alumni Board of Directors
- Community Interaction
- Alumni Hall of Fame

Thank you for your support of the Streetsboro Alumni Association



Complete this form and mail it along with a check or money order for \$25.00 to:
Streetsboro Alumni Association
PO Box 2591
Streetsboro OH 44241-0591