

# Galion Alumni Association Member Form

Association Use Only	
Date Received	_____
Membership Type	_____
Check Number	_____
Update List	_____

## NECESSARY INFORMATION FOR MEMBERSHIP *(Revised 5/22/18)*

First Name: \_\_\_\_\_ *(Required)*  
Spouse Name: \_\_\_\_\_ *(Needed for Couple Membership)*  
Last Name: \_\_\_\_\_ *(Required)*  
Maiden Name: \_\_\_\_\_

GHS Class: \_\_\_\_\_ Spouse's Class \_\_\_\_\_  
*(Either actual graduation year or the year you would have graduated had you stayed in Galion Schools)*

Faculty or Staff Member \_\_\_\_\_ Years \_\_\_\_\_ Building \_\_\_\_\_

Street Address: \_\_\_\_\_ *(Required)*  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ *(Required)*

Email Address: \_\_\_\_\_ *(Optional)*

Telephone Number: \_\_\_\_\_

## OPTIONAL INFORMATION

Current Occupation: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ *( If not a Galion Graduate)*

Number of Children: \_\_\_\_\_

OTHER INFORMATION YOU WISH TO SHARE: *(Career Highlights, Memories of Galion, other information)*

Annual Memberships are based on a January 1 to December 31 of the year in which they are purchased.

## CHECK ONE FOR YOUR MEMBERSHIP *(Required)*

LIFE MEMBER INDIVIDUAL	\$300	_____
LIFE MEMBER COUPLE	\$450	_____
SINGLE ANNUAL MEMBER	\$ 20	_____
COUPLE ANNUAL MEMBER	\$ 35	_____
CORPORATE MEMBER	\$ 50	_____

## SEND YOUR MEMBERSHIP FORM AND DUES PAYMENT TO:

Galion Alumni Association  
P. O. Box 22  
Galion, OH 44833

Make Checks Payable to "Galion Alumni Association"  
Or Check  
Bill me later \_\_\_\_\_

*Your Membership information will not be used by any other organization and is considered confidential*

VISIT US AT: <http://www.galionalumni.com>