

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>