

**Galion Alumni Association Membership Form**  
(Revised October 2004)

Association Use Only	
Date Received	_____
Membership Type	_____
Check Number	_____
Membership #	_____
Updated List	_____

**NECESSARY INFORMATION FOR MEMBERSHIP**

FIRST NAME \_\_\_\_\_  
SPOUSE NAME \_\_\_\_\_ (needed for Couple Membership)  
LAST NAME \_\_\_\_\_  
MAIDEN NAME \_\_\_\_\_  
GHS CLASS \_\_\_\_\_ SPOUSE'S CLASS \_\_\_\_\_  
(Either actual graduation year or the year you would have graduated had you stayed in the Galion Schools.)  
FACULTY OR STAFF MEMBER \_\_\_\_\_ YEARS \_\_\_\_\_ BUILDING \_\_\_\_\_  
(Please indicate the years served at Galion and the building or buildings served)  
STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
e-mail address \_\_\_\_\_ (optional)  
telephone number \_\_\_\_\_

**OPTIONAL INFORMATION**

CURRENT OCCUPATION \_\_\_\_\_  
SPOUSES NAME \_\_\_\_\_ (if not a Galion Graduate)  
NUMBER OF CHILDREN \_\_\_\_\_

**OTHER INFORMATION YOU WISH TO SHARE**

(Career highlights, memories of Galion, other information)

**CHECK ONE FOR YOUR MEMBERSHIP**

LIFE MEMBER INDIVIDUAL \$300 \_\_\_\_\_  
LIFE MEMBER COUPLE \$450 \_\_\_\_\_  
ANNUAL MEMBER \$ 15 \_\_\_\_\_  
COUPLE ANNUAL MEMBER \$ 25 \_\_\_\_\_  
CORPORATE MEMBER \$ 35 \_\_\_\_\_

**SEND YOUR MEMBERSHIP AND DUES PAYMENT TO:**

Galion Alumni Association  
P.O. Box 22  
Galion, Ohio 44833  
Make checks payable to "Galion Alumni Association"

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