

# Galion Alumni Association Membership Form

(Revised December 2009)

Association Use Only

|                 |       |
|-----------------|-------|
| Date Received   | _____ |
| Membership Type | _____ |
| Check Number    | _____ |
| Membership #    | _____ |
| Updated List    | _____ |

## NECESSARY INFORMATION FOR MEMBERSHIP

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 the Galion Schools.)

FACULTY OR STAFF MEMBER \_\_\_\_\_ YEARS \_\_\_\_\_ BUILDING \_\_\_\_\_

(Please indicate the years served at Galion and the building or buildings served)

STREET ADDRESS \_\_\_\_\_ (required)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ (required)

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)

**Annual Membership are based on 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 \_\_\_\_\_

ANNUAL MEMBER \$ 20 \_\_\_\_\_

COUPLE ANNUAL MEMBER \$ 35 \_\_\_\_\_

CORPORATE MEMBER \$ 50 \_\_\_\_\_

## SEND YOUR MEMBERSHIP AND DUES PAYMENT TO:

Galion Alumni Association

P.O. Box 22

Galion, Ohio 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>