

Collinwood High School Alumni Association Membership Application

Print Form

Please Check One:

New Membership Form

Dues Renewal

First Name: Last Name: Maiden Name:

Street Address:

City: State: Zip Code:

Home Phone: Work Phone: Cell Phone:

Email Address: CHS Class (Month & Year)

Three Years \$15.00 per Person*

Lifetime \$50.00*

Yearly Postage \$5.00

Years run January 1st to December 31st.

Lifetime Membership granted to both you and spouse if both of you attended Collinwood High School for one fee of \$50.00.

Spouse's Information:

First Name: Last Name: Maiden Name:

If Spouse graduated from Collinwood: CHS Class (Month & Year)

Share my information with my Reunion Committee?:

Share my information with my classmates?:

Please send my newsletter via email?:

How did you hear about CHSAA?

* Includes Email newsletter and Website newsletter key. If you would like a paper copy, please remit \$5 yearly postage fee.

Please make checks payable to CHSAA or Collinwood High School Alumni Association and mail to:

Sandy Huffman-Cheremeta

CHSAA

485 Oakton Circle

Mayfield Village, OH 44143-1514

Or email the completed form to scheremeta@roadrunner.com

Please feel free to attach any comments or questions to this form.