

VHS Alumni

VICTORIA ALUMNI ASSOCIATION

PO BOX 382

VICTORIA, KS 67671

2024-2025 MEMBERSHIP FORM

Due: Wednesday, September 25, 2024

Graduating Class

Name _____ (Year) _____

Maiden Name _____

Spouse / Guest _____ (Year) _____

Non-graduate _____
(Year)

Associate Member

Address _____

City _____ State _____ Zip _____

Phone # _____ E-mail Address _____

IMPORTANT: Permission to enter personal information on web site:
(Please disregard if you have already addressed this issue.)

Address: _____ Yes _____ No

Phone: _____ Yes _____ No

E-mail: _____ Yes _____ No

Annual Membership Fee per Alum \$5.00 \$ _____

Number attending the banquet and dance _____ (\$45.00 per person) \$ _____

Donation to Scholarship Fund \$ _____

Donation to Association General Fund \$ _____

Raffle Tickets \$ _____

Amount Enclosed \$ _____

Please note any news concerning marriages, births, promotions, accomplishments, retirements, anniversaries, or change of address.
