



## City High Alumni Association Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Maiden Name: \_\_\_\_\_

- a. I would like to become a Lifetime Member of the City High Alumni Association and am including a one time check for \$150: \_\_\_\_
- b. I would like to become an Annual Member of the City High Alumni Association and am including a check for \$15: \_\_\_\_ (Memberships expire August 15)
- c. I would like to renew my Annual Membership for the City High Alumni Association and am including my check for \$15: \_\_\_\_ (expires August 15)
- d. I am a new graduate and would like to purchase a Lifetime Membership at a reduced one-time rate of \$125: \_\_\_\_ (Until June 30 of Graduation Year)

Send to and make check payable to:

**City High Alumni Association  
1900 Morningside Drive  
Iowa City IA 52245**

Signature: \_\_\_\_\_

Check Here if above address reflects a change of address: \_\_\_\_

**Proud to be a Little Hawk!**