



Onalaska High School Alumni Association Membership Application Form

First Name: _____ **Last Name:** _____

Maiden Name: _____ **Year Graduated:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Telephone: _____ **E-mail:** _____

Select the type of membership you are applying for:

Lifetime Membership (Individual) \$250.00

Lifetime Membership (Couple) \$300.00
Complete the information below

Five Year Membership \$75.00

Single Annual Membership (Individual) \$20.00

Student Annual Membership (Individual) \$250.00

If you select the Lifetime Couple Membership, please provide the following information:

First Name: _____ **Last Name:** _____

Maiden Name: _____ **Year Graduated:** _____

**Please send check or money order to the address below.
A receipt will be sent to you confirming you membership and dues paid.**

**Onalaska High School Alumni Association
700 Hilltopper Place
Onalaska, WI 54650**