



Name _____ SCHS Class _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ Work _____

____ Annual Membership \$20.00

____ Lifetime Membership (one-time payment) \$100.00

(NOTE: Non-graduates of SCHS are welcome to join as Associate Members.)

Make check payable to SCHS ALUMNI ASSOCIATION. Print this form and mail with check to:

SCHS ALUMNI ASSOCIATION

1220 Villa Street

Racine, WI 53403