



RHSAA 2023 MEMBERSHIP FORM

LAST NAME FIRST NAME MAIDEN CLASS YEAR

MEMBERSHIPS:

General

A former student of
Roseville High School.

Associate

Individual who supports
RHSAA, RHS and its
students (spouse, teacher, etc.)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

ANNUAL DUES: \$10 per member Enclosed: \$ _____ for _____ year(s) (*No limit on years paid in advance*)
(January – December)

RENEW _____ NEW _____ GENERAL MEMBERSHIP(s) _____ and/or ASSOCIATE MEMBERSHIP(s) _____

MEMORIAL DONATION

Donations are accepted
"In Memory" of former
classmates.

Please include name(s)
(and graduating class, if
known) with donation.

IF YOU WOULD LIKE TO MAKE A DONATION, PLEASE SPECIFY:

GENERAL FUND \$ _____ TEACHERS' WISH LIST \$ _____ SCHOLARSHIP \$ _____



Mail To: RHSAA – P.O. Box 240 – Roseville CA 95678

Question? Contact: RHSAAmembership@gmail.com or

RHSAAtigers@gmail.com

RHSAA OFFICE USE:

DATE REC'D _____ By _____ CHECK # _____ CASH _____ TOTAL ENCLOSED \$ _____

MEMBERSHIP(S) PAID THROUGH _____ R / N / D

revised 1/2023