



ROSEVILLE HIGH ALUMNI ASSOCIATION MEMBERSHIP FORM

LAST NAME _____ FIRST NAME _____ MAIDEN _____ CLASS YEAR _____

MEMBERSHIPS:

General – A former student of Roseville High School

Associate - Individual who supports goals of RHS (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 *(please circle)* GENERAL MEMBERSHIP(s) _____ ASSOCIATE MEMBERSHIP(s) _____
#

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

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

Please check for your free yearbook!



Mail To: RHSAA – P.O. Box 240 – Roseville CA 95678
Question? Contact: RHSAAmembership@gmail.com

MEMORIAL DONATION –
Donations are accepted “In Memory” of a former classmate. Please include name with donation.

RHSAA OFFICE USE:

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

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