

**Highland IL Area Schools Alumni Association
Membership Application
400 Broadway
Highland, IL 62249**

Graduation Year (if alumni) : _____

Dates of employment : _____
(with school district if current or former employee)

First Name: _____

Last Name at Graduation: _____
(or during employment)

Current Last Name: _____

Mailing Address: _____

Town: _____

State: _____

Zip: _____

Country: _____

Telephone: _____

Email: _____

IF APPLICABLE

Spouse's First Name: _____

Spouse's Last Name: _____

Comments: _____

(Please mail this form to the above address upon completion)

Notes: Annual Membership Dues are \$10.00. Lifetime Membership Dues are available for \$100.00. Membership runs from January 1st through January 1st of each year. Paid members have voting rights for the annual HIASAA Hall of Fame. The dues help pay for the plaques and eventually for a permanent Hall of Fame.

Join today!!

www.hiasaa.com