

**Sidney Central School Alumni Association (SCSAA)
Membership Form**

Date: _____

Name: _____ **Nick Name:** _____

Street: _____

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

Phone: _____ **E-mail:** _____

Maiden Name: _____ **Spouse Name:** _____

Class Year: _____ **Faculty:** Y or N **Subject:** _____

Tell us briefly about yourself and your family:

Would you be willing to serve on a committee and if so what areas interest you?

Please send \$15 (\$10-65 or older) for annual membership dues to:

**SCSAA
PO Box 2186
Sidney, NY 13838**

How would you like to receive your invoice: () e-mail () postcard

Check out our website at www.sidneyalumni.org