

**SIDNEY CENTRAL SCHOOL ALUMNI ASSOCIATION
MEMBERSHIP APPLICATION**

Please print and send with your check for
\$10.00 per year annual dues donation to:

**SCS Alumni Association
P.O. Box 2186
Sidney, NY 13838**

() Check here if you are renewing your membership. Make any changes to the information that has changed since your original application. Otherwise, it is only necessary to indicate your name and any comments.

The membership year is (July 31 to July 31)

() Check here if you would like to be added to the Web Page Directory

Date: _____

Name: _____

Nick Name: _____

Street: _____

State: _____ ZIP: _____

City: _____

E-Mail: _____

Home Phone: _____

Spouse's Name: _____

Maiden Name: _____

Did you attend SCS? _____

Are you or were you a SCS faculty member? _____

Class Year: _____

Subjects Taught: _____

Vocation: _____

Years: _____

Are you retired? _____

Briefly tell us about you and your Family:

Would you be willing to serve on a committee?

Areas of particular interest?

Suggestions for the Association:

Additional Donation (please designate, i.e. Website Fund):
