



Membership Form

Date: _____

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, family and hobbies or interests.

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

Please send your tax deductible membership contribution of:

- \$15 Regular Annual
- \$70 Regular for 5 years
- \$10 Over 65 Annual
- \$45 Over 65 for 5 years

Send to:

SCSAA
PO Box 2186
Sidney, NY 13838

You can also pay on our website at
www.sidneyalumni.org/PayPal/membership.html

You will receive your invoice by email unless you request otherwise
e.g. post card.