

Sidney Alumni

Central School Association

MEMBERSHIP FORM

Sidney Central School Alumni Association (SCSAA)

(Please Print)

Today's Date: _____

CONTACT INFORMATION

Mailing Addr.: _____
(PO Box/Street #) (Street) (Apt #)

(City) (State) (Zip Code)

Telephone No.: _____
(Area Code) (Phone Number)

E-Mail Address: _____

May we place your contact information on your class list on the SCSAA website, www.sidnevalumni.org?

() YES () NO

MEMBERSHIP DUES

Please send your tax-deductible membership contribution of:

- \$20 Regular Annual
 \$90 Regular for 5 years
 \$15 Over age 65 Annual
 \$70 Over age 65 for 5 years

Membership year is August 1 - July 31. Your membership expiration date is on the mailing label on your copy of *Reflections* newsletter. Your invoice will be sent to you by e-mail unless you check otherwise:

Receive Invoice by () Post Card () E-mail

Receive *Reflections* by () Mail () E-mail

Please mail a check or money order, payable to:

SCS Alumni Association

Mail to:

SCSAA, PO Box 2186, Sidney, NY 13838

You can also pay securely on our website at:

www.sidnevalumni.org/PayPal/membership.html

SCSAA is a 501(c)(3) Organization

Would you like to help out or serve on a committee?

If yes, what area(s) interest you?

_____ Community Relations _____ School Relations
_____ Reunion Weekend _____ Membership
_____ Sports Hall of Fame _____ Reflections
_____ Wall of Fame _____ Other: _____

ALUMNI CONNECT

Alumni Connect is our online database connected to a touchscreen monitor interface located in SHS. Current students can interact with the screen and search Alumni by specific criteria: profession/trade, branch of service, college/university attended or sports played. The student can then have the option of contacting you however you choose. This a great opportunity for you to give back by providing guidance and insight to Sidney students. Thank you for your support!

() Yes, please count me in! () No, thanks.

If yes, how would you prefer to be contacted?

() Email () Phone () Postal Mail
() Facebook Messenger () Other _____

SCS INFORMATION:

Your SCS Class Year: _____

Your Name: _____

Nickname: _____

Maiden name (if applicable): _____

Spouse's/Partner's Name: _____

Spouse/Partner's SCS Class Year: _____

Are you (or were you) a SCS faculty member?

If yes, which subject(s)/grade(s)? _____

Did you coach any sports teams? If yes, which sports, the level, and the year(?) _____

ADDITIONAL INFORMATION

Vocation: _____

Retired? If yes, what year? _____

Hobbies: _____

Volunteer Activities: _____

Recent Vacations: _____

Children's First Names (& SCS graduation yr.) _____

Number of Grandchildren: _____

Number of Great Grandchildren: _____

Your Personal Statement: _____