

APPLICATION FOR MEMBERSHIP
GRANT UNION HIGH SCHOOL ALUMNI ASSOCIATON

Mail to: GUHSAA P.O. BOX 660412 SACRAMENTO, CA 95866

NAME _____
FIRST LAST (MAIDEN)
ADDRESS _____ E-MAIL _____
CITY _____ ST _____ ZIP _____ PHONE _____

GRANT GRAD? ____ NORTE GRAD? ____ CLASS OF _____ OTHER? _____ E-NEWS ONLY ____

TYPE OF MEMBERSHIP DESIRED (CHECK ONE): **MAKE CHECK PAYABLE TO G.U.H.S.A.A.**

REGULAR ____ \$10.00 **BRONZE** ____ \$15.00 **SILVER** ____ \$25.00 **GOLD** ____ \$50.00+ **AMT. ENCLOSED** _____

Web site

MEMBERSHIP RENEWAL
GRANT UNION HIGH SCHOOL ALUMNI ASSOCIATON

Mail to: GUHSAA P.O. BOX 660412 SACRAMENTO, CA 95866

*Only fill in your name, school and class
AND changed information*

NAME _____
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ADDRESS _____ E-MAIL _____
CITY _____ ST _____ ZIP _____ PHONE _____

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