

William H. Spencer High School

Alumni Association

Membership Application

Name: _____

(Last)

(First)

(Middle)

(Maiden)

Address: _____

City: _____ State: _____ Zip: _____

Year Graduated _____ Location of Spencer at that time _____

Name of classmate that keeps your updated class mailing list:

Name: _____

Address: _____

State: _____ Zip: _____

Phone _____

I WOULD LIKE TO JOIN THE SPENCER ALUMNI ASSOCIATION

MEMBERSHIP LEVEL

Active Member (\$25.00) New Renewal

Lifetime Member (\$200.00)

Associate (\$2500) New Renewal

I WOULD LIKE TO MAKE A CONTRIBUTION TO SHS ALUMNI SUPPORT FUND

RESTRICTED DONATION \$ _____

Athletic Fund Multicultural Library

Spencer Yearbook Band Booster Fund

Odis Spencer Athletic Award Fund

Other

UNRESTRICTED DONATION \$ _____

Structure Maintenance Brick Nameplate Trophy Case

Other _____

Office of Alumni Affairs

Post Office Box 5334

Columbus, Georgia 31906-0334