

Todd County Central High School Alumni Association Membership Form

Please print and complete one form per member.

The TCCHS Alumni Association meets the third Tuesday of each month at 4:00 PM in the media center at TCCHS. We invite you to attend at any opportunity. We also encourage you to check out our website at <http://www.tcchsalumni.org>. Since the association is working under the umbrella of the recently founded Todd County School District Foundation for Excellence in Public Education, Inc., the alumni association has tax-exempt status, thus making donations to our organization tax deductible. As a perk to membership in the association, members with email addresses will be emailed an alumni association newsletter. We thank you for printing your own membership form(s); that allows us to use our funds wisely.

Alumni's Name _____ Class of _____

Friend of Alumni Association's Name _____

Maiden Name if Applicable _____

Mailing Address _____

City _____ State Abbreviation _____ Zip _____

Home Phone Including Area Code _____

Cell Phone Including Area Code _____

Personal Email (Please print.) _____

We ask that you assist us by maintaining a current mailing address so that a master spreadsheet of all TCCHS alumni may be maintained. Even if you do not desire membership at this time, please email your current mailing info and your year of graduation (and maiden name if applicable) to tcchsaa@gmail.com. This information will be shared with those planning reunions for different TC classes.

Membership Fees:

- \$10.00 Yearly Per Person (Amount Enclosed) _____ Check # _____
- \$200.00 Lifetime Membership Per Person (Amount Enclosed) _____ Check # _____

Scholarship Donation: (Amount Enclosed) _____ Check # _____

Please make check payable to **TCCHSAA**. Thank you.

Please mail to -
TCCHS Alumni Association
P. O. Box 611
Elkton, KY 42220

Please check as applicable.

____ Renewal of Yearly Membership

____ First-Time Member

I would like to aid the **TCCHSAA** by
____ Serving on a committee.
____ Becoming an officer or director.
____ Assisting with an event.
____ Other (Please explain below.)

Cut and Detach Here Please for Your Records

For your records, a receipt for 2015-2016 TCCHSAA Membership:
Date _____ Amount _____ Check # _____

Mailed to or Received by _____

Thanks for your support of the TCCHS Alumni Association.

"CELEBRATING OUR PAST, PRESENT, AND FUTURE"