



Savannah High School Alumni & Friends Association, Inc.

P.O. Box 3284

Kinston, North Carolina 28502

Membership Application

Name: _____

Address: _____
STREET CITY STATE ZIP

Phone Number: _____ Work Number: _____

Email Address: _____

Occupation: _____

Membership Status (Check the applicable box): Alumni Friend

Savannah High School Affiliates: Graduates (Class of): _____; Non-Graduates (Last year attended) _____

Friends: High School Name _____; Class of: _____

Membership Activation Status (check one box): New Renewal

Membership Dues - \$20/Year

Payment Choice (New Members Only): Annually Biennially

Amount Enclosed: \$ _____

Make your check or money order payable to:
Savannah High School Alumni & Friends Association, Inc.,

Mail to: Savannah High School Alumni & Friends Association, Inc.,
c/o Financial Secretary, P.O. Box 3284, Kinston, North Carolina 28502-3284