

# Classen High School Alumni Association

of Oklahoma City, Oklahoma, Inc.

P.O. Box 12773

Oklahoma City, Oklahoma 73157-2773

-----Please Print-----Respond to Each Blank-----

\_\_\_\_\_ This is a first-time membership application.

\_\_\_\_\_ This is a membership renewal.

\_\_\_\_\_ I am not joining at this time, but here is the information you requested.

Name \_\_\_\_\_ Class \_\_\_\_\_

Year \_\_\_\_\_

Maiden Name \_\_\_\_\_

(Ladies, this is very important. We keep our records by the maiden name.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Did your spouse attend Classen? \_\_\_\_\_ If "yes", provide spouse's name.

Spouse's name \_\_\_\_\_

(Please provide maiden name, if applicable)

Residence telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

-----My check is enclosed for the following-----

\_\_\_\_\_ \$20.00 for one membership.

\_\_\_\_\_ \$40.00 for two memberships.

\$ \_\_\_\_\_ for the museum fund.