

Classen High School Alumni Association
of Oklahoma City, Oklahoma, Inc.
P.O. Box 270905
Oklahoma City, Oklahoma 73137

-----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.

\$ _____ extra to help with operating expenses.

\$ _____ other designated for _____.

\$ _____ TOTAL

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