

Roosevelt High School Alumni Association / Roosevelt Alumni Foundation

****MEMBERSHIP APPLICATION ** DONATION TRANSMITTAL ****

My Class Year New Member Membership Renewal Today's Date _____

Phone # (____) _____ Cell Phone # (____) _____ E-mail _____

Name _____ (____) _____ (____) _____ (____) _____
(First) (M.I.) (Maiden) (Last)

Address _____ (____) _____ (____) _____ (____) _____
(Street & Apt # or PO Box) (City) (State) (Zip+4 Code)

Spouse _____ (____) _____ RHS grad? Y N What year? _____
(First name) (Maiden)

Membership: Regular - \$15 for 3 years \$ _____

(Payable to **RHSAA**) Life - \$100 if age 61 or under; \$50 if 62 or over \$ _____

Donations, please check: Scholarships Classroom Technology Campus Beautification

(Payable to **RAF, Tax Deductible**) Academics Athletics Project Grad

Other _____ \$ _____

Mail to: RAF/RHSAA, PO Box 23424, Honolulu, HI 96823-3424. GRAND TOTAL ENCLOSED \$ _____