

MEMBERSHIP RENEWAL
GRANT UNION HIGH SCHOOL ALUMNI ASSOCIATION

Mail to: GUHSAA P.O. BOX 660412 SACRAMENTO, CA 95866

*Only fill in your name, school and class
AND changed information*

NAME _____

FIRST

LAST

(MAIDEN)

ADDRESS _____ E-MAIL _____

CITY _____ ST _____ ZIP _____ PHONE _____

GRANT GRAD? ____ NORTE GRAD? ____ CLASS OF _____ OTHER? _____ E-NEWS ONLY ____

TYPE OF MEMBERSHIP DESIRED (CHECK ONE): **MAKE CHECK PAYABLE TO G.U.H.S.A.A.**

BRONZE ____ \$20.00 **SILVER** ____ \$30.00 **GOLD** ____ \$50.00 **Legacy League** ____ \$55.00+

AMT. ENCLOSED _____