



CHESTERTON HIGH SCHOOL

Alumni Association Inc.

In Cooperation with Duneland School Corporation

Membership Application

First Name:	Last Name:	
Street Address:	Maiden Name:	
City, State, Zip:		
Home Phone:	Cell Phone:	
Email:		
Birthday: (MM/DD/YYYY)	Class of: (YYYY)	
Do you want to be listed in the Alumni Directory? Y / N		
Spouse's Name:	Anniversary: (MM/DD/YYYY)	
Is spouse a CHS Alumni? Y / N	Class of: (YYYY)	
Are your children CHS Alumni? Y / N	If so, how many?	
Did you serve in the Military? Y / N	If so, which Branch?	
College Attended:		
Career:		
Faculty? Y / N	When? From-To (YYYY-YYYY)	
Which CHS Facility/Facilities?		

Membership

Membership is \$50.00 per Alumni for a Lifetime Membership
 Current Year Graduates: Lifetime Membership \$50

Make your check payable to: **CHS Alumni Association Inc.**
 Mail this entire form along with your check to:
CHS Alumni Association Inc., PO Box 1063, Chesterton, IN 46304

Paid VIA: CASH CHECK# _____

AMOUNT: _____ CODE: _____

For Those Persons who wish to send or give the Congratulatory letter to the recipient

If your membership is a gift and you wish to send/give the letter to your recipient, please fill in the following so we can send you the letter either by email or by USPS.

Do you prefer to receive the letter by email or USPS?? _____

If by email, your email address: _____

If by USPS your : Name _____

Street Address _____

City, State, ZIP _____