



RHSAA  
P. O. Box 1001  
Rossville, GA 30741

**APPLICATION**  
**For**  
**THE ROSSVILLE HIGH SCHOOL ALUMNI ASSOCIATION**

NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CLASS OF \_\_\_\_\_

Is Spouse an RHS Alumni? \_\_\_\_\_ NAME \_\_\_\_\_ CLASS OF \_\_\_\_\_

Any Additional Information: \_\_\_\_\_

**TYPE OF MEMBERSHIP**

*ACTIVE* \_\_\_ *ASSOCIATE* \_\_\_ *FACULTY* \_\_\_ *HONORARY* \_\_\_ *PATRON* \_\_\_  
(\$10.00) (\$5.00) (\$5.00) N/A (\$5.00)

**MEMBER'S SIGNATURE**

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