



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: _____