



# South Jackson Alumni Association

## Membership Form

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Amount Enclosed \_\_\_\_\_ (Mail check payable to South Jackson Civic Center, P. O. Box 326, Tullahoma, TN 37388)

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### Yearly Membership Dues \$10

Yes, I would like to become a member as a pupil of South Jackson

Years I attended South Jackson \_\_\_\_\_

Yes, I would like to become a member as a performer at South Jackson

Yes, I would like to become a member as patron (supporter) of South Jackson

Please accept a further donation of \$ \_\_\_\_\_ to help with the renovation of the South Jackson School.