

THOMAS JEFFERSON HIGH SCHOOL HISTORICAL PRESERVATION SOCIETY

Annual Membership Form

___ Current Jefferson Student (\$5)

___ Alumni/Individual (\$25)

___ Organization/Business (\$50)

First Name:

Middle Name:

Maiden Name (if applicable):

Last Name:

TJHS Class of (Insert Year: _____) Current/Former Faculty or Staff Friend of the Society

Class Year or Association: (Circle One)

Name of Organization/Business: (for Organization/Business Membership)

Email Address:

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Home Phone Number:

Cell Phone Number:

() - () -

Work Phone Number:

Fax Number:

Address (include Apt., Ste., or Department):

City, State, Zip Code, Country:

Website:

YES | NO

Please Share My Contact Info with Class Reunion Planning Committees

Signature:

Date:

Parent Signature (if under 18):

Date:

Parent Name (Printed):

**Thank you for becoming a member of the Thomas Jefferson High School Historical Preservation Society. We appreciate your support! Mail this form with a check payable to:
TJHS Historical Preservation Society, Post Office Box 5567, San Antonio, TX 78201.**

TJHSHPs Use Only Revised 2012-0325	Received on:	Amount:	Check #:	Source:
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