



## **CHSAA Membership Form**

**First Name** \_\_\_\_\_

**Maiden Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**Class of** \_\_\_\_\_ **School (other than CHS)** \_\_\_\_\_

**Friend** (circle if not a graduate of local schools)

\_\_\_\_\_ **Individual Membership \$10**

\_\_\_\_\_ **Future (Class of \_\_\_\_\_) \$10**

\_\_\_\_\_ **Patron (single or couple) \$25**

\_\_\_\_\_ **Benefactor (single or couple) \$50**

\_\_\_\_\_ **Century Club (single or couple) \$100**

\_\_\_\_\_ **Champions Club (single or couple) \$250**

\_\_\_\_\_ **Gold Club (single or couple) \$500**

\_\_\_\_\_ **I prefer to receive a printed copy of the association newsletter instead of by email.**

**Help us reach new members – please share this form with others or email the CHSAA at [cfieldalumni@hotmail.com](mailto:cfieldalumni@hotmail.com) with contact information and we will gladly send The Voice and membership form to prospective new members.**

**Please make checks payable to CHSAA and return to  
PO Box 445, Chesterfield, SC 29709-0445.**

***Thank You For Your Support!***