

# VHS Alumni

VICTORIA ALUMNI ASSOCIATION

PO BOX 382

VICTORIA, KS 67671

## 2025-2026 MEMBERSHIP FORM DUE: Wednesday, September 10, 2025

Name \_\_\_\_\_ Graduating Class \_\_\_\_\_  
(Year)

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

Spouse / Guest \_\_\_\_\_ (Year)

Non-graduate \_\_\_\_\_ Associate Member   
(Year)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**IMPORTANT:** Permission to enter personal information on website:  
(Please disregard if you have already addressed this issue.)

Address \_\_\_\_\_ Yes \_\_\_\_\_ No  
Phone \_\_\_\_\_ Yes \_\_\_\_\_ No  
E-mail \_\_\_\_\_ Yes \_\_\_\_\_ No

|   |    |       |
|---|----|-------|
| Annual Membership Fee per Alum \$5.00 .....                             | \$ | _____ |
| Number attending the banquet and dance _____ (\$45.00 per person) ..... | \$ | _____ |
| Donation to Scholarship Fund .....                                      | \$ | _____ |
| Donation to Association General Fund .....                              | \$ | _____ |
| Raffle Tickets .....  | \$ | _____ |
| Amount Enclosed   | \$ | _____ |

**Please note any news concerning marriages, births, promotions, accomplishments, retirements, anniversaries, or change of address.**

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