



"Serving Our Schools and Communities"

Membership Application

Name _____

First _____ Middle _____ Last _____

Address _____ City | Washington | State | DC

ZIP _____ Name of Current Alumni Organization (if Applicable) _____

Email _____ Phone _____

Membership Types

<p>General Organization \$1000.00</p> <p>General Member-A General member must be a high school located and serving students in the District</p> <p>_____</p> <p>Amount enclosed _____</p> <p>_____</p> <p>Installment Amount F.ndosP.n D</p> <p>Payment made via DCHSSA Website</p>	<p>Associate organization \$250.00</p> <p>Associate Member -Any individual or organization/business not eligible to become a general member, desires to participate. Associate members receive all services offered to General members</p> <p>_____</p> <p>Amount Enclosed _____</p> <p>_____</p> <p>Installment Amount F.ndosP.<I D</p> <p>Payment Made Via DCHSSA Website</p>	<p>Associate Individual \$50.00</p> <p>Associate Member -Any individual or organization/business not eligible to become a general member, desires to participate. Associate members receive all services offered to General members</p> <p>_____</p> <p>Amount Enclosed _____</p> <p>_____</p> <p>Installment Amount F.ndosP.n D</p> <p>Payment Made Via DCHSSA - Website</p>
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Committee Interest

(Please Check One)

Newsletter
 Career Day
 Fund Raising
 Membership
 Scholarship