

**OWENSVILLE HIGH SCHOOL ALUMNI ASSOCIATION**  
P O Box 560  
Owensville, Missouri 65066

**APPLICATION FOR MEMBERSHIP**

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

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

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

Address \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_ Graduation Year from OHS \_\_\_\_\_  
(if applicable)

E-mail address \_\_\_\_\_

Lifetime Membership (Single Contribution of \$100) \_\_\_\_\_

Other Contributions \_\_\_\_\_

Contributions are tax deductible under provisions of IRS Code as OHSAA is a 501(c) 3 organization.