



University City High School Alumni Association



School District of University City
8136 Groby Road • University City, MO 63130
314/290-4126 • www.UCHSAA.org

MEMBERSHIP APPLICATION

Name _____ Maiden Name _____ Year of Graduation _____

Mailing Address _____

City _____ State _____ ZIP Code _____

E-Mail Address _____

Phone Number _____ Fax Number _____

Area(s) of Interest _____



I'd like to join the Alumni Association. Enclosed is my payment of \$15. *(Please make checks payable to the UNIVERSITY CITY HIGH SCHOOL ALUMNI ASSOCIATION or UCHSAA and mail to the address shown above.)*