



GOVERNOR'S CLUB
ALUMNI & FRIENDS



MEMBERSHIP APPLICATION/RENEWAL FORM

NAME: _____
LAST FIRST M.I. MAIDEN

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

ALUMNI: Yes, Year Graduated _____ No

ALTERNATIVE SOURCES TO REACH YOU:

EMAIL ADDRESS: _____

FACEBOOK ALIAS: _____

SPOUSE/SIGNIFICANT OTHER: _____
LAST FIRST M.I. MAIDEN

ALUMNI: Yes, Year Graduated _____ No

SPECIAL INTERESTS AT JOHNSON HIGH SCHOOL? _____

SPECIAL INTEREST IN GOVERNOR'S CLUB? _____

DONATION AMOUNT: \$10 \$25 \$50 \$100 \$250 \$500 OTHER

COMMENTS/OTHER INFORMATION: _____

GOVERNOR'S CLUB USE ONLY
 DATE REC'D ___ / ___ / ___
 () NEW () RENEWAL
 NED ___ / ___ MBR. YRS.

 DATE KEYED ___ / ___ / ___
 () CK () MO# _____

THANK YOU FOR YOUR SUPPORT!