



ZIONSVILLE ALUMNI ASSOCIATION

LIFETIME MEMBERSHIP FORM

Today's Date: _____

Individual Lifetime Membership (Name and ZCHS Year of Graduation) \$100.00

Couples Lifetime Membership (Names and Years of Graduation) \$150.00

Extra Donation to ZAA \$ _____ Total Amount Enclosed: \$ _____

Check No. _____ Credit/Debit: _____ Exp: _____ CVV: _____

Name: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____ City _____ State: _____

Zip _____

Please return this completed Membership Form **via email** to
zionsvillealumni@gmail.com **or mail** to the
Zionsville Alumni Association, PO Box 237, Zionsville, IN 46077

***Persons interested in ZAA membership always welcome
at quarterly monthly meetings. Please inquire at
zionsvillealumni@gmail.com**

Thank You for Your Support!

**Tim Ottinger
President, Zionsville Alumni Association**