



**Salado School Alumni  
Association  
Membership Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Class of: \_\_\_\_\_

Choose One: \_\_\_\_\_ Life Membership (\$25.00)

\_\_\_\_\_ Year (\$5.00)

Please make checks payable & mail form and dues to:  
***Salado School Alumni Association  
PO Box 791  
Salado, TX 76571-5202***