



The purpose of this non-profit association shall be to identify and recognize the accomplishments of the alumni, students, and staff of Reno High School. Equal attention shall be paid to academic and non-academic phases of high school activity, in order that a well-balanced picture may be presented to the public. Your information will be entered into our database for future use and never given to anyone without your permission.

Current Last Name: _____ Middle Init.: _____ First Name: _____

Class of: _____ Years attended From: _____ To: _____

Last Name While in school{Maiden}: _____

Address: _____

City: _____ State: _____ ZIP: _____ Home Phone: _____ Cell phone: _____

E-mail address: _____

If an administrator or staff, years worked. From: _____ To: _____ Occupation: _____

Retired? Yes__ No__

Membership Fee

	1Yr	2Yr	3Yr	5Yr
Individual	\$20	\$35	\$50	\$75
Couple	\$30	\$58	\$80	\$125
Individual Life Member.....	\$300.00			
Couple Life member.....	\$500.00			

Spouse's maiden name: _____ If Reno High Graduate, Year _____.

Would you like to be involved in RHSAA? Yes__ No__

If Yes, would you like to be officer, board member, trustee or volunteer? YES__ NO__

What would you be willing to help with?{Museum, membership, yearbooks, etc.}

I hereby authorize duly elected RHSAA trustees to spend non-designated funds as they deem appropriate.

Signature: _____

Date: _____

Please make checks to: RHSAA MEMBERSHIP

Mail to: RHSAA MEMBERSHIP

P.O. Box 5807

RENO, NV 89513

For Office Use Only

Membership Number: _____

Member Date: _____