

Mail-In Membership Form

Membership in the St. Joseph Alumni Association is open to all graduates and any person who attended St. Mary's High School, St. Joseph's High School, or St. Joseph Catholic Academy.



First Name: _____ Middle Name or Initial: _____

Last Name: _____ Maiden Name: _____

Graduation Year: _____

Email: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip code: _____

If you are filling out a couples membership, the spouse information below is required.

First Name: _____ Middle Name or Initial: _____

Last Name: _____ Maiden Name: _____

Graduation Year: _____

Email: _____

Phone Number: _____

One-Time Lifetime Alumni Membership Fee (check one): \$100.00 singles

\$150.00 couples

Credit Card: **Type (check one):** Visa Mastercard Discover

Card Number: _____

Expiration Date (mm/yyyy): _____ **CVV:** _____

OR, make check payable to: **St. Joseph Catholic Academy**

Mail this form and check to: **St. Joseph Catholic Academy**
Attn: Thomas Connolly
2401 – 69th Street
Kenosha, WI 53143