

South Side High School Alumni Association

Name _____
First Name Last Name Maiden Name (if applicable)

Address _____

Telephone _____ **E-Mail** _____

Class of _____

Please make \$10.00 check or money order payable to South Side High School Alumni Association and send this form and payment to
South Side High School Alumni Association
140 Shepherd Street,
Rockville Centre, NY
11570.

Do you have any news that is fit to print about yourself that you would like to share through our newsletter? (Use an additional sheet, if necessary)

