



## Hillsboro R-III Alumni

Last year attended \_\_\_\_\_ Year you graduated (would have graduated) \_\_\_\_\_

*\*\*Everyone welcome to join. If your family moved to another district or you left for any reason, were faculty or staff you are still welcome to join this alumni association. Once a hawk, always a hawk, join us!*

Last name while attending school \_\_\_\_\_

Last name now if it has changed \_\_\_\_\_

First Name \_\_\_\_\_

Middle name (there some duplicate names!) \_\_\_\_\_

Email (for e-newsletter) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone number \_\_\_\_\_

**Lifetime fee for a single to join \$10**

**\$25 for family of 2-4**

**\$5 per person over 4 (family plan)**

*\*Please list primary member on front of page and add all additional family members to 2<sup>nd</sup> page as indicated. Okay to add your children if they are still in HS. Graduation not required to be a member!*

**Please complete form, enclose fee**

**Make tax deductible checks payable to: Hillsboro R-III foundation**

**Mail to: HHS Alumni Association**

**Attn: Rhonda Arl**

**C/O Hillsboro R-3 Foundation**

**20 Hawk Drive**

**Hillsboro, MO 63050**

**For more information and/or newsletter information submissions**

**email: [Hawkalumni1@Gmail.com](mailto:Hawkalumni1@Gmail.com)**

**Facebook Friend: Hillsboro Hawks – Alumni**

**Paste to your browser:**

**<http://www.facebook.com/index.php?l=bf4ebc3e4a710e5789bd8889ed9153ec&#!/group.php?gid=51799355294>**

**For additional Family members only:**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Last year attended \_\_\_\_\_ Year you graduated (would have graduated) \_\_\_\_\_  
Email (for e-newsletter) \_\_\_\_\_  
Address If different from primary member \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone number \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Last year attended \_\_\_\_\_ Year you graduated (would have graduated) \_\_\_\_\_  
Email (for e-newsletter) \_\_\_\_\_  
Address If different from primary member \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone number \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Last year attended \_\_\_\_\_ Year you graduated (would have graduated) \_\_\_\_\_  
Email (for e-newsletter) \_\_\_\_\_  
Address If different from primary member \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone number \_\_\_\_\_

Feel free to copy and attach more pages as needed! Remember \$25 for 4 family members, then \$5 for each after 4.

If you choose not to become a member, we are accepting donations to the Alumni Scholarship fund.

Total Members: \_\_\_\_\_

Scholarship Donation: \_\_\_\_\_

Total enclosed: \_\_\_\_\_



**\*\*All tax deductible checks payable to *Hillsboro R-III Foundation*. A confirmation email of receipt will be sent to you via *Hawkalumni1@ Gmail.com*. If you have questions, please send an email to *Hawkalumni1@ Gmail.com* or call Rhonda Arl at 636-346-7299.**