

St. Xavier High School Women's Club Membership

Your First and Last Name: _____

Class Year: _____

Please let us know the year(s) your son(s) graduated from St. X.

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Membership is \$30.

Please fill out this form and mail it with your membership fee to:

Amy Thaman
9917 Sean James Court
West Chester, OH 45241