## AXP Reunion July 5, 6 and 7, 2024



## Ex-Pupil: Past Student

**Employee:** Retired or Former Employee of the Home **Associate:** Spouse or Family of Ex-Pupil or Employee 18 or Older **Junior Associate:** Family of Ex-Pupil or Employee 17 or Younger **Community Member:** Any person 18 and older who demonstrates a desire to help fulfill the mission of the AXP (Board Approval Required) **Honorary Member:** An honor bestowed by the AXP Board to outstanding members

| Ex-Pupil:  |           |         |  |                      | \$30.0   |
|--|-----------|---------|--|----------------------|----------|
| •  | (Last)    | (First) | (Maiden)   | (Class of)           |          |
| Double Ex-Pupil: _   |           |         |  |                      | _ \$30.  |
|  | (Last)    | (First) | (Maiden)   | (Class of)           |          |
| Honorary Member:   |           |         |  |                      | _ (Fre   |
|  | (Last)    | (First) | (Maiden)   | (Class of)           |          |
| Employee, Associa<br>Community:  |           |         |  |                      | _ \$30.0 |
| Circle One Above   | e) (Last) | (First) | (Write Additional Associates of  | n Back)              |          |
| Junior Associate:  |           |         |  |                      | \$10.0   |
|  | (Last)    | (First) | (Write Additional Juniors on B   | ack)                 |          |
| Information Update:<br>Is There a Change? (No need to fill out if no change) |           |         | <u>H</u> elp <u>O</u> ur <u>Museum E</u> ndure Project<br>(H.O.M.E. Project) |                      |          |
| Address:   |           |         | CADET:   | Annual Pledge \$ 25. | 00       |
| City:  |           |         | RESERVE CADET:   | Annual Pledge \$ 50. | 00       |
| Phone:   |           |         | VARSITY CADET:   | Annual Pledge \$125. | 00       |
| E-Mail:  |           |         | SUSTAINER:   | Annual Pledge \$250. | 00       |

| H.O.M.E. PROJECT AND/OR ADDITIONAL MUSEUM DONATION  | \$            |  |  |  |  |
|---|---------------|--|--|--|--|
| Make Separate Check Payable To: AXP Museum Fund   | \$<br>(TOTAL) |  |  |  |  |
| TOTAL FROM MEMBERSHIP (ABOVE)   | \$            |  |  |  |  |
| Additional AXP Loyalty Fund Donation:   | \$            |  |  |  |  |
| Reunion Banquet Tickets (6 and Under Free) \$20 Per Person                                  | \$            |  |  |  |  |
| Make Separate Check Payable To: AXP Loyalty Fund  | \$<br>(TOTAL) |  |  |  |  |
| Mail Application and Payments to: AXP Membership<br>650 Wycliffe Drive<br>Xenia, Ohio 45385 |               |  |  |  |  |
| Our Website for Online Payment: www.osso-ovch-axp.org                                       |               |  |  |  |  |

## OFFICE USE ONLY

| Received on: | Entered in DB on: | Total:  |
|--------------|-------------------|---------|
| Received by: | Entered by:       | Check # |