DELPHI
ALUMNI ASSOCIATION

MEMBERSHIP FEE IS $15/YEAR.

*Membership is valid from January 1 – December 31

Delphi Oracle Alumni Association

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (   ) _____

Email: _____

What year did you graduate or years attended at DCHS? _____

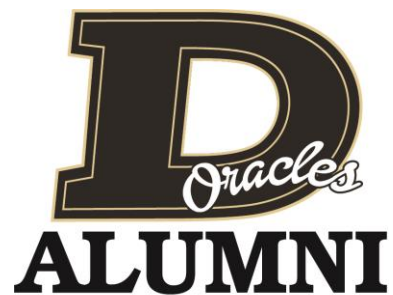If you are/were a DCSC teacher, what grade do you or did you teach? _____

Make checks payable to "Delphi Oracle Alumni Association"

Mail to:
Delphi Oracle Alumni Association
127 E. North Street
Delphi, IN, 46923

Interested in volunteering with the D.O.A.A? Please let us know how you can help!
_____
_____
_____
The Delphi Oracle Alumni Association has my permission to share my personal info with other Delphi School Organizations. _____ YES   _____NO