

APPLICATION FOR MEMBERSHIP

NAME 1 _____
last first maiden

NAME 2 _____
last first maiden

ADDRESS _____
street city state zip

TELEPHONE (_____) _____ GRADUATED FROM LHS 19/20 ____

TYPE MEMBERSHIP DESIRED

_____ LIFE MEMBERSHIP (\$100.00 each membership) LHS ex-student

_____ REGULAR MEMBERSHIP (\$15.00 two year membership) LHS ex-student

_____ ASSOCIATE LIFE MEMBERSHIP (\$100.00 each membership) Non-LHS Student

_____ MEMORIAL FOR _____

Please Notify _____
Address _____

_____ HONORARIUM FOR _____

Address _____

ENCLOSED IS MY CHECK FOR \$_____ MADE OUT TO THE **LHSAA**.

RECOGNIZED BY I.R.S. AS A TAX-EXEMPT, NON -PROFIT ORGANIZATION.

Lufkin High School Alumni Association
P.O. Box 150837
Lufkin, TX 75915
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