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
admin@lhsaa.net