

Membership Application 2011-2012

(July 1, 2011 to June 30, 2012)

Graduate Name:		Year Graduated:
Spouse Name (LH Graduate Only):		Year Graduated:
Street:		
City:	State:	Zip:
Email:	Phone:	Amount Enclosed \$

[]	<u>2011-12 Annual Membership Dues</u> <i>(Includes Mailing List)</i>	\$15.00
[]	<u>Graduate Spouse Membership Dues</u> <i>(only \$5 more for the spouse)</i>	\$5.00

[]	Gift / Donation to <u>Scholarship Fund</u>	
[]	Mailing List Only <i>(for Non-Members)</i>	\$5.00

Please make all checks payable to: **Licking Heights Alumni Association**
Mail to:

Licking Heights Alumni Association, P.O. Box 77, Summit Station, Ohio 43073