MEMBERSHIP APPLICATION

LaGrange – Frink Alumni & Friends Association (LFAFA)
Post Office Box 424
LaGrange, NC 28551

Please check appropriate box, complete the application and return it and dues to the above address. Tax deductible contributions should be made payable to LFAFA. Thank you.

☐ I wish to support the efforts of the LaGrange-Frink Alumni & Friends Association by enclosing my $20.00 Annual Membership dues. Membership Year is July 1 – June 30. *(Dues received after December 31 will be applied to next year's membership)*

☐ I wish to support the efforts of the LaGrange-Frink Alumni & Friends association by enclosing my $200 Gold Membership deposit. I understand that the remaining deposit of $200 is due within twelve months.

Name _____
Last Maiden First

Address _____

City _____ State _____ Zip _____

Telephone: Day _____ Evening _____

Email Address _____

High School Name _____ Class of _____

Biographical Information (Optional)

Occupation _____

Additional Education _____

Affiliations _____

Titles, Awards, Honors, etc. _____

*Signature*_____*Today's Date* _____

Edited 4/5/10