



2017-18 LAKE HAMILTON ALUMNI ASSOCIATION MEMBERSHIP APPLICATION

Name: _____ Maiden Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____

Current Occupation: _____ T-Shirt Size: _____

Are you a graduate of Lake Hamilton High School (not required for membership): __ Yes __ No

If so, what year did you graduate from Lake Hamilton High School? _____

Membership in the Lake Hamilton Alumni Association is valid from November 1, 2017 – October 31, 2018

I would like to join the Lake Hamilton Alumni Association by:

_____ \$10.00: Recent Graduate Membership (class of 2017)

_____ \$25.00: Individual Membership (open to all supporters of the LHSD)

_____ \$150.00: Lifetime Individual Membership (open to all supporters of the LHSD)

_____ \$100.00: Corporate Membership (open to all businesses/corporations)

_____ I would like to donate \$_____ on top of my membership fee to support the Alumni Association Programs

Provide credit card information below or enclose check or money order made payable to the **Lake Hamilton Alumni Association Fund**. Minimum of \$25 to run credit card, all membership fees/donations under \$25 must be sent via check or money order.

CREDIT CARD TYPE (CHECK ONE): _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS

CARD NUMBER _____ EXPIRATION (00/0000) _____ CVV2/CID NUMBER _____

I, (print name) _____, authorize my credit card listed above to be charged \$_____ payable to the Lake Hamilton Alumni Association Fund through the Arkansas Community Foundation. Authorized Signature: _____

Zip Code must match cardholder information. Mail completed form to the Lake Hamilton Alumni Association, 205 Wolf Street, Percy, AR 71964. Dues and donations are tax-deductible.