## LCS ALUMNI ASSOCIATION MEMBERSHIP

Name:(First)	(Last)	_(	) Class of:	
(First)	(Last)	Maiden		
Address:		Email:		
Phone:		_ Alt. Phone:		
Spouse:		_ Graduation Year if	attended LCS:	
I would be willing to se	rve on the Board of Direc	tors or one of the follow	wing committees:	
☐ Board of Directors	Hall of Fame	☐ Nominations		
Scholarship	☐ Banquet			
\$\$15.00 per LCS Alumni for Annual Membersh \$\$150.00 Lifetime Membership \$ Additional Gifts \$ Total Enclosed			Send to: LCS Alumni Association Lamoni Community Schools 202 North Walnut Lamoni, IA 50140	
I.CS A	LUMNI ASSO	ΓΙΔΤΊΩΝ ΜΕ	MRFRSHID	
LC5 A	LOWINI ASSON			
Name:		. (	) Class of:	
(First)	(Last)	Maiden		
Address:		Email:		
Phone:		_ Alt. Phone:		
Spouse:		_ Graduation Year if	Graduation Year if attended LCS:	
I would be willing to se	rve on the Board of Direc	tors or one of the follow	wing committees:	
☐ Board of Directors	Hall of Fame	■ Nominations		
Scholarship	☐ Banquet			
\$15.00 per LCS Alumni for Annual Membership \$\$150.00 Lifetime Membership \$ Additional Gifts  Total Enclosed		Send to: LCS Alumni Association Lamoni Community Schools		

Spouses are eligible for Associate membership. Let's increase our membership by adding spouses!