

MEMBERSHIP APPLICATION

NEW _____ LIFE-TIME BI-ANNUAL _____ RENEWAL _____

NAME _____

MAIDEN NAME _____

DOB _____ YEAR OF GRADUATION _____

ADDRESS _____

ADDRESS (2) _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ TWITTER _____

INSTAGRAM _____ LANDLINE _____

CELL _____ FACEBOOK _____

SCHOOL AFFILIATION (Circle One) RT Coles Lincoln High Lincoln College Prep
Lincoln Accelerated Studies

BUSINESS AFFILIATION(S) _____

HOBBIES _____

Area of expertise _____

Membership Payment Information

ANNUAL FEE \$25.00

Make Check payable to: LHS/RT Coles National Alumni Association

Your donation is tax deductible.

Mail Payment to: P. O. Box 270374, Kansas City, MO 64127

GENERAL DONATION AMOUNT

We are a not-for-profit 501 (c)(3) organization.
Your donation is tax deductible.

Yes, I want to Support ___ \$25
___ \$50 ___ \$150 ___ \$500
___ Other

SCHOLARSHIP DONATION

We are a not-for-profit 501 (c)(3) organization.
Your donation is tax deductible.

Yes, I want to Support ___ \$25
___ \$50 ___ \$150 ___ \$500
___ Other

FOR OFFICE USE ONLY

Date _____

Received _____ by _____

Amount Paid _____ Check _____

Credit Card _____ Money Order _____

Membership Mailed Out by: _____

