

CANTON LINCOLN HIGH SCHOOL ALUMNI ASSOCIATION (CLHSAA)

ANNUAL MEMBERSHIP FORM

INDIVIDUAL MEMBERSHIPS – \$10 ANNUALLY

Please complete the following membership application. One application should be submitted for each person submitting for membership.

Mail this form, along with your check for \$10.00 payable to CLHSAA, to:

CLHSAA
P.O. Box 20192
Canton, OH 44701

You can also send any questions you have along with this form or email cantonlincoln@gmail.com.

Today's Date: _____

First Name _____ Maiden Name _____

Last Name _____ Class of _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Please check the applicable statement(s):

I am not a Lincoln graduate, but I attended these years: _____

I am a friend of Lincoln High School.

I am enclosing an additional, tax-deductible, donation of \$ _____ for the Scholarship Fund.

Thank you for supporting your Lincoln Alumni Association



Canton Lincoln High School
Alumni Association

