## **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 <a href="mailto:cantonlincoln@gmail.com">cantonlincoln@gmail.com</a>.

Today's Date:			
First Name	\	/laiden Name	
Last Name	Class of		
Address			
City			
Home Phone	Cell	Phone	
Email			
Please check the applicable statement(s):			
☐ I am not a Lincoln graduate, but I atte	ended these	years:	
I am a friend of Lincoln High School.			
I am enclosing an additional, tax-dedu	uctible, don	ation of \$	for the Scholarship Fund.
I am enclosing an additional, tax-dedute.g., Echoes and community projects).	uctible, don	ation of \$	_ for general operating expenses

Thank you for supporting your Lincoln Alumni Association



Canton Lincoln High School
Alumni Association

