

LFAFA

LaGrange-Frink Alumni & Friends Association

Membership Application
June 1st ---- May 31

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone__ () - _____

Email _____

Name of High School _____ Graduation Year _____

Membership Fees (Circle Choice) Annual: \$ 20.00 Gold: \$400.00

Amount Enclosed \$ _____

Make Check Payable to:
LaGrange-Frink Alumni & Friends Association
Mail To:
LFAFA, P. O. Box 424,
LaGrange, NC 28551

For Membership Committee Use Only _____ _____ _____
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