



LINDBLOM ALUMNI ASSOCIATION
6130 S. WOLCOTT CHICAGO, IL. 60636

Membership Application

Name: _____
Please print or type **Last** **First** **Middle Initial** **Maiden**

If spouse is a graduate list name (maiden) and year graduated:

Last (Maiden) First Middle Class

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Class Year:** _____

Phone: (____) _____ (____) _____ (____) _____
Home Work Cell

Email Address: _____

Check the Appropriate Box:

- I am applying for membership
- I am renewing my membership
- I am applying for associate membership with _____ as my sponsor.
- Please send information on how to start a chapter in my area.

Dues Structure (Check one):

- \$35 Annual Active Member
- \$20 Annual Associate Member (spouse, family, friend, faculty, etc.)
- \$500 Maroon & Gold Life Member
- \$250 Maroon and Gold Corporate Member
- \$1000 Silver Life Member
- \$1000 Diamond Corporate Member
- \$2500 Gold Life Member
- \$1000 Executive Diamond Member

I want to be among those Eagle alumni who are working to perpetuate the legacy of Lindblom High School. Please include my contribution of \$ _____ for

- LAA Scholarship
- Lindblom Athletics Department
- Lindblom School Improvement
- Other _____

Enclosed is my check for \$_____. Make checks payable to: **Lindblom Alumni Association**. Complete, send and mail application and all payments to:
Lindblom Alumni Association (LAA)

Attn: Membership Committee
P.O. BOX 7860
Chicago, IL 60680

There will be a \$32 service charge for all returned checks.