



6130 South Wolcott * Chicago, IL 60636
773-535-9300 (School) * 773-535-9314 (Fax)

Membership Application

Please Print or Type

Name: _____
Last First Middle Initial Maiden

Mailing Address: _____

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

Phone: () () ()
Home Cellular Work

Email Address: _____

My Spouse is an Alumni:

Last (Maiden) First Middle Initial Class Year

Check the Appropriate Box:

- I am applying for NEW Membership
- I am renewing my Membership.
- I am applying for Associate Membership. My sponsor is: _____ c/o _____

Dues Structure (check one):

- \$20 Introductory Rate (payment must be received on or before March 31st)
- \$35 Annual Active Member
- \$20 Annual Associate Member (non-alumni spouse, family, friend)
- FREE Annual New Graduate Member New: _____ Renewal: _____ Class Year: _____

Donation:

I want to be among those Eagle Alumni who are working to perpetuate the legacy of Lindblom High School. Please include my contribution for:

- LAA Scholarship Fund \$ _____
- Lindblom Athletic Department \$ _____
- Lindblom School Improvement \$ _____
- Other _____ \$ _____

I want to be more involved! Please give my information to the following committee(s):

- LAA Scholarship Committee
- LAA Membership Committee
- LAA Mentorship Committee
- LAA Class Delegate Abroad. I live in ex. Atlanta, Georgia

Make Checks Payable to then mail:

Lindblom Alumni Association
Attention: Membership Committee
6130 South Wolcott
Chicago, IL 60653

Enclosed Amount: \$ _____