

FLHS MEMBERSHIP APPLICATION:

Today's Date: _____

Name(s): _____

Street: _____

City: _____ St: _____ Zip: _____

Telephone: _____

E-Mail: _____

Names of Children and Expected Dates of Graduation:

| | |
|-------|------------|
| _____ | _____ |
| Name | Graduation |

| | |
|-------|------------|
| _____ | _____ |
| Name | Graduation |

| | |
|-------|------------|
| _____ | _____ |
| Name | Graduation |

Check which applies:

- \$5 Annual Membership
- \$15 Single 4-Year Membership
- \$30 Family Lifetime Membership

Areas of Interest (See list of committees on reverse) if known:

Did you graduate from LHS?

If so, what year? (Include maiden name)

Please mail to P.O.Box 1264, Lowell, MA 01853 with your check payable to *Friends of LHS*.