

**Abraham Lincoln High School
2162-24th Ave, SF. CA. 94116
Alumni Association Application Form**

Name _____ (Please Print Clearly)
Last: _____ First: _____ MI: _____
Address: _____ Maiden name: _____
City: _____ State: _____ Zip _____
Email Address _____ Class _____
Tel: _____ Cell: _____ Work # _____
Spouse's Name _____ MI: _____ (Alum? Y N)

_____ **New member** - First year's dues - **\$25**. I understand each additional year will be \$25.
_____ **Renewal** fee - **\$25**.
_____ **Lifetime membership** - **\$250**. *There is no annual renewal.*
_____ I am a paid up member but would like to donate \$ _____ to the ALHS Alumni Association. If
donation is for a specific area please designate: _____
Total Enclosed: _____

Please bill my credit card: Visa _____ Master Card _____ American Express _____
Name on the Account: _____
Amount to be charged : _____
Account # _____ Exp Date _____ Security Code: _____

I would like the Lincoln Log by: Mail _____ Email _____ Both _____

Please notify us promptly of changes in name, address, phone or email. *If any email bounces, we'll resume mail delivery until an updated email is provided to us.* **Your privacy is important to us:** We do not rent or sell our list to organizations aside from reunion committees, and we never release you information to individuals or third parties without your permission. Thank your for supporting the ALHS Alumni Association and ALHS.

(All contributions and membership fees are tax deductible and eligible for matching funds from your employer)