LANE COLLEGE NATIONAL ALUMNI ASSOCIATION, INC.

LIFE MEMBERSHIP FORM

Date_____ **Current Chapter**_____
Region_____

Name_____
Address_____
_____
City **State** **Zip Code**

Phone_____**Email**_____
Year Graduated From Lane College_____

Check Amount $_____ **Check #**_____

This form is to be accompanied by $750.00, or $150.00 in the form of a certified cashier's check, bank draft, money order or personal check. Make check payable to: Lane College National Alumni Association, Inc. Note in memo section: Life Membership.

* **$750.00 Life Membership. (Must be paid in a fiscal year)**
* **$150.00 Life Membership Partial Payment will be accepted until amount is paid in full during the fiscal year.**
* **$250.00 Associate Life or Memorial Life**

Your Signature_____**Date**_____

Chapter President's Signature_____ **Date**_____
Telephone Number_____

Executive Secretary Signature_____**Date**_____
Return Form to the National Executive Secretary

Ms. Ella Flannagan
5073 Brushwood Drive
Memphis, TN 38109-7137

For Office Use Only
Date Forwarded to National Treasurer_____
Date Card, Medallion and Certificate Awarded_____
Life Membership Number Assigned_____
Associate Life Membership Number Assigned_____
Memorial Life Membership Number Assigned_____

Partial Payment_____
Partial Payment_____
Partial Payment_____
Partial Payment_____
Partial Payment_____
Partial Payment_____
Date Paid in Full_____