

2010 Banquet Reservation Form

Saturday, June 19, 2010

Name			Phone ()	
Street		City		State
Email Address				Official Use Only
Class of	No. Attending	Price Each \$25.00	Amount Enclosed	Please respond NO LATER than June 05, 2010



Please make all checks payable to:
Licking Heights Alumni Association
 Mail to:
 Licking Heights Alumni Association
 P.O. Box 77, Summit Station, Ohio 43073

Membership Application 2010-2011
 (July 1, 2010 to June 30, 2011)

Graduate Name:				Year Graduated:	
Spouse Name (LH Graduate Only):				Year Graduated:	
Street:					
City:		State:		Zip:	
Email:		Phone:		Amount Enclosed \$	
<input type="checkbox"/>	2010-11 Annual Membership Dues <i>(Includes Mailing List)</i>	\$15.00		<input type="checkbox"/>	Gift / Donation to Scholarship Fund
<input type="checkbox"/>	Graduate Spouse Membership Dues <i>(only \$5 more for the spouse)</i>	\$5.00		<input type="checkbox"/>	Mailing List Only <i>(for Non-Members)</i>