



Lincoln High School Preservation Alumni Association Membership

Last Name _____ First Name _____

Middle Name or Maiden _____

Class Graduated _____ Year(s) Attended: _____ Friend of Lincoln _____

Address _____

City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Membership Renewal

- I am a NEW member for LHSPAA
- Please renew my membership for 2020 (\$25.00) **MEMBERSHIP EXPIRES DECEMBER 31, 2020**
- Would like to become a lifetime member (\$300.00) **FOR LIFE MEMBERSHIP**
- Fair Share for 2020 (\$500.00)

Last (Include Maiden Name) _____ First _____ M.I. _____

Address _____

City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Year Graduated _____ Years Attended _____ Years Taught _____ I am a friend of Lincoln _____

Please make check payable to:

Lincoln High School Alumni Association * P.O. Box 1150, Sumter, SC 29151-1150

- I would like to receive additional information on the exciting opportunity to acquire and renovate the Lincoln High School building and how I can participate.
- I would like to receive additional information about joining a committee.
- I would like to provide a memorial membership for: Name _____ Year _____