## The Sumner Alumni Association **Membership Form**



Graduation	Year	
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		Graduation Ye	ar
Last Name	Maiden Name (IF APPLIC	CABLE)	
First Name		Middle Initial	
Address		Apt. Nun	nber
City	State:	Zip/Postal Co	de
Phone # (Home)	(Work)	(Cell)	
Fax	Email		
( ) New Annual \$10 for Year <u>2015</u> or ( ) New Annual \$10 for Year <u>2016</u> ( ) * Renewal Annual - \$10 for Year <u>2015</u> or	( ) Lifetime – Platinum - \$700 ( ) Lifetime - Gold - \$500	( ) Platinum Partial ( ) Gold Partial	\$ \$
( ) * <b>Renewal Annual</b> – \$10 for Year <u>2016</u>			
( ) Donation \$	Partial's	s MUST be PAID Within	n three (3) years
* Annual Memberships renewal due dat	te is January 1 every year.		
Pleas	se make check payable to the:		

## **SLPS Foundation-Sumner Alumni**

*Mail Membership Form and check to:* 

The Sumner Alumni Association C/o Membership Chairperson P.O. Box 45225 St. Louis, MO 63145

## **For Office Use Only** Date of Check \_\_\_\_\_\_ Revenue Sheet (Comm.) #\_\_\_\_\_ (Treas.) #\_\_\_\_\_ Date Dues/Donations Received \_\_\_\_\_ Comment: \_\_\_\_ Total Amount Received \$ \_\_\_\_\_ Check/Money Order # \_\_\_\_\_ Processed By \_\_\_\_\_