

Membership Application

Luther H. Foster High School Alumni Association



Regular Member Graduate Associate Member Attended Teacher Friend/Supporter

Enclosing \$20.00 Annual Dues Enclosing additional donation of \$_____ toward Nottoway Civic League

Name _____ Class of _____

Address _____

City _____ State _____ Zip _____

Telephone/E-mail _____

Date _____

Membership Card sent upon receipt of dues

Make Check Payable to:

Luther H. Foster Alumni Association

Mail to:

L. H. Foster H.S. Alumni Association
P. O. Box 34
Crewe, Virginia 23930