

# Robert A. Long High School Alumni Association

## Application for Membership

(Please type or print clearly.)

Female  Male

**NAME:** \_\_\_\_\_

**Year Graduated:** \_\_\_\_\_

Maiden Name: \_\_\_\_\_

or Year(s) Attended: \_\_\_\_\_  
month/year

Please check where you would like communications sent:

OFFICE

HOME

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address - Suite Number

\_\_\_\_\_  
Street Address (Apartment #)

\_\_\_\_\_  
PO Box

\_\_\_\_\_  
PO Box

\_\_\_\_\_  
City - State/Province - Zip

\_\_\_\_\_  
City - State/Province - Zip

\_\_\_\_\_  
Phone and extension

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
E-mail

### MEMBERSHIP TYPE

(Please check appropriate box)

Regular

Lifetime

### Method of Payment

Check

Cash

Money Order

I would like to make a donation in the amount of \$ \_\_\_\_\_.

I would like to pay my dues in advance for \_\_\_\_\_ years. Total amount being remitted \$ \_\_\_\_\_.

Return this completed form along with your dues payment and/or donation to:

R. A. Long Alumni Association  
P. O. Box 895  
Longview, WA 98632



#### R. A. Long Alumni DUES (in US Funds)

Regular \$ 15.00/year

Lifetime \$300.00 (may be paid in three \$100 installments)

The R. A. Long High School Alumni Association is a tax exempt organization per Internal Revenue Service 501c3. Your membership and/or donation may be tax deductible.