

Associate Membership Application / Renewal Form

(Membership Dues: \$5.00/year or \$20.00/5 years from July 1st through June 30th)

This form is to be used for *Associate Membership* applications and renewals only and NOT for graduates of Laurel High School who qualify for Regular Membership status.

Please check at least one qualifying condition(s) that makes the applicant eligible and provide relevant information:

Applicant is a spouse of a Laurel High School graduate. Name of spouse: _____
Year spouse graduated from Laurel High School: _____

Applicant is a current resident of the Laurel School District. 911 Address: _____

Applicant is employed full time by an employer whose business is located in the Laurel School District. Name of Laurel Employer: _____
Employer's 911 Address in Laurel: _____

Applicant attended Laurel School District for at least 2 years between the 7th through the 12th grades.
Grades attended: _____ Years: _____

Applicant is a child or grandchild of a current or former member of the Laurel Alumni Association.
Relation to LAA member _____ Name of LAA Member: _____

Name of Applicant: _____

Name of Spouse: _____

Mailing Address: _____

911 Address (if different) _____

E-Mail Address: _____

Indicate: **New Associate Member** **Associate Membership Renewal**

Amount Enclosed: **\$20 for Five Years** **\$5 for One Year**

Check if you wish to receive the annual newsletter and most mailings by e-mail alone

Mail application and membership payment to:

Laurel Alumni Association, Inc. **Make Separate Check Payable to**
P.O. Box 382
Laurel, DE 19956

Thank You

for your Support!!