

Caddo Magnet High School Alumni Association Membership Application

Name: _____ Email address: _____

Address _____
Street City

_____ State Zip Apartment

Phone: (____) _____ How did you hear about us? _____

I am a/an: Alumni (Year _____) Staff Parent Friend

Annual Membership (\$25/year) Lifetime Membership (\$250/one time)

I want to be a part of: Fall (October) Fundraiser Spring (May) Fundraiser

What do you bring to the Association? (ex: venue for events/meetings, accounting skills, PR skills, event planning, art skills, mad skills, etc.): _____

What ideas do you have for the Association? _____

For Treasurer use

Annual Lifetime

Check #: _____

Date received: _____

Treasurer Initials: _____

Please make checks payable to **Caddo Magnet Alumni Association**

Checks can be mailed to: **Caddo Magnet Alumni Association c/o Jill Carnie at 1601 Viking Drive, Shreveport, LA 71101**

Checks can also be brought to the **Annual Meeting** in May