

LHT Alumni Association Registration Form

Please print this form and return with \$30 annual dues, payable to Leadership Historic Triangle.

Name and Class Year: _____

Employer: _____

Position/Title: _____

Business Address: _____

Phone: _____ Fax: _____

Email: _____

Home Address: _____

Phone: _____ Fax: _____

Email: _____

Spouse's Name: _____

Community Service Organizations currently serving as a volunteer/ Board Member:

Business Organizations: _____

Tell us what's new: _____

Which address would you prefer receiving LHT information? Home ____ or Business_____

The Alumni Association is creating a LHT Alumni Directory on the Chamber of Commerce's website. Only dues paying LHT alumni will receive the password for access to the directory. I give permission to publish the following on the LHT Alumni Directory web page:

Business address, phone, fax, etc. _____

Home address, phone, fax, etc. _____

Community Service _____

Business Organizations _____