

Leadership Sylacauga Alumni Association
Information Form

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Name: _____

Address: _____

Telephone: _____ E-Mail: _____

Graduation Class Date: _____ Class President: _____

Place of Employment: _____

Would you be willing to serve on the alumni board? ____ Yes ____ No

Alumni Dues \$25.00

Make check payable to: Leadership Sylacauga Alumni Association

Please return to: Leadership Sylacauga Alumni Association
Post Office Box 185
Sylacauga, Alabama 35150

PRESERVE A LEGACY OF LEADERSHIP