

Greater Los Angeles Fisk University Alumni Association

2018 Membership Enrollment

Name _____

Class _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (h) _____ (c) _____

Email _____

PLEASE INDICATE PREFERRED METHOD FOR US TO COMMUNICATE:

EMAIL ___ USPS ___ ROBO CALL ___

Please indicate membership(s) for your enclosed (payment) dues :

Fisk University Alumni Association of Greater Los Angeles (GLAFUAA)

Local dues - \$50.

Enclosed Membership total \$ _____

Please make checks payable to:

Los Angeles Fisk Alumni Association, Inc.

Mail to :

GLAFAA
P.O. Box 452773
Los Angeles, CA. 90045

Or pay online
Lafiskalumni.com

For questions, please contact us at kathylesleyfisk@gmail.com