



## Alumni Annual Membership Dues

We want to stay in contact with all of our alumni. Please supply your updated information in the corresponding sections below. Thank you, we really appreciate it.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Work Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mail any correspondence to my (*circle one*):    Office    Home

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Web Site: \_\_\_\_\_

Work Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Personal Information: \_\_\_\_\_

\_\_\_\_\_

### CONTRIBUTION: PLEASE SUPPORT LNI!

Yes, I want to pay my \$25 Annual Membership Dues

I would like to make an **additional contribution** of:

\$25     \$50     \$75     \$100     \$150     \$200     Other \$ \_\_\_\_\_

Enclosed is my check     Please invoice me     I paid on the website using PayPal

**MAIL** to: LNI, 603 E. Lincolnway, Valparaiso, IN 46383

**FAX** to: 219-464-3538

**EMAIL** to request an electronic version: office@kpmgroup.biz

*Thank you for supporting Leadership Northwest Indiana. Your gift is tax deductible.*