

Louisville Alumni Membership Form

Full Name _____ (Maiden Name) _____

Email: _____

Phone Number: _____

Class of: _____

To join the Louisville Alumni Association membership is \$10 per person/per year.

Payment information:

Make checks payable to: Louisville Community Foundation

Send to: P.O. Box 367

Louisville, OH 44641

OR

Pay by credit card:

Credit Card Number: _____ Expiration Date: _____

Security Code: _____

Billing Address: _____