MEMBERSHIP / SUBSCRIBER APPLICATION

Los Angeles Catholic Alumni Club, Attn: Membership Director P.O. Box 7612 Northridge, CA 91327

Please mail this application along with a check for \$30 for dues for one year. This application must be completed in full before eligibility can be determined.

The Los Angeles Catholic Alumni Club (LACAC) is open to practicing Catholics, who are single and eligible to marry in the Catholic Church. Additionally, members are college graduates, registered nurses, or have acquired the equivalent in terms of education, experience and/or position.

	ed Catholic without an annulmen s, if you otherwise qualify.	t, you may be	come a newsletter subscriber,	attend activities and receive
New Member	Newsletter subscriber F	Renewal	_Received current issue of ne	ewsletter yes no
NAME				
			1)	Month / Day)
ADDRESS				
CITY			NINE-DIGIT ZIP	+
PHONE ()	Home ()	Ce	II
E -mail	How c	lid you find ou	t about the LACAC?	
	Are you a Catholic? Are you a practicing Roo Are you free* to marry in Civil Status: Never Marr Annulled - Date Granted If not free, is an annulment	man Catholic? n the Church? ied Widowed	Divorced	
DEGREE - BA -	BS - RN - Other		(no degree) UNITS COMF	PLETED
COLLEGE	YEAR	GRADUATE	OCCUPATION_	
If you have no do	egree, please specify education,	experience, po	osition.	
(or any combination	I you like to have your NAME, CI on of the above, circle choices) Y	es No (pleas	e initial)	
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	the LACAC to verify the above in claims against the LACAC, its of			
Signature	Date			

Would you like to receive your newsletter by e-mail instead of regular mail? Yes No