



FLASHBACK SUBSCRIPTION

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_, First \_\_\_\_\_

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

Maiden Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

e-mail address: \_\_\_\_\_

Please check your membership:

Jr. (yearly) \$1.00 within 5 years of graduation

Subscription (yearly) \$20.00

Life Membership (one time only) \$150.00\* . .

Life/Spouse (one time only \$200.00\*

\* Installments may be arranged.

\_\_\_\_\_ Amount enclosed

); Subscriptions  
Fillmore High Alumni Association  
P. O. Box 385  
Fillmore, CA 93015-0385

Thank you for your cooperation.  
Please keep your mailing address up-to-date.

Any Comments? \_\_\_\_\_

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