

**THE AMERICAN LEGION
CALIFORNIA BOYS STATE FOUNDATION
ALUMNI ASSOCIATE MEMBERSHIP APPLICATION**

Name: _____ Date of Birth: ____/____/____
(First) (MI) (Last)

Home Address: _____

City: _____ State: _____ Zip + 4: _____

Phone: Home: (____) _____ Work: (____) _____ Ext. _____

E-mail: _____

Membership Category (choose one): _____ Alumni _____ Staff _____ Supporter

Boys State Attended: _____ Year Attended: _____

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Amount Donation Received: _____ Date: _____