

***Friends of AALA – 501(c)(3)***  
***Associated Administrators of Los Angeles***

**Membership Form to Support AALA's Scholarship Program**

Thank you for your interest in joining the Friends of AALA – 501© 3!

Please complete the information below, sign, and return to:

[juan.flecha@lausd.net](mailto:juan.flecha@lausd.net) or by facsimile to:  
(213) 484-0201

***Personal Information for Friends of AALA Membership***

Name:	Employee #
Position:	
Location:	
Work Phone:	Local District:
Home Address:	
City:	Zip:
Home Phone:	

Dues are \$60.00 for the year.  
\*\$5.00 a month for 12 months

Signature \_\_\_\_\_