



MEMBERSHIP APPLICATION  
2010 - 2011 Academic Year

School Name

Mailing Address   
STREET  
CITY/STATE/ZIP

Physical Address   
STREET  
CITY/STATE/ZIP

Phone Number  Fax Number

Name of Superintendent

Name of High School Principal

Email

Name of contact person for email

Year founded  Enrollment (2008-2009)

Grades 9-12

Grades K-8

Denominational affiliation

(INDICATE NON-DENOMINATIONAL OR MULTI-DENOMINATIONAL IF APPLICABLE)

If there is a sponsoring church, please provide the following information about the church:

Name of church

Address   
STREET  
CITY/STATE/ZIP

Phone Number

Membership Dues (\$200 per semester)

- Our payment of \$200 for the Semester is enclosed.
- Please invoice our school.
- Please send us a Financial Aid Application.

Mail to: Logos Forensics Association  
P.O. Box 278  
Modesto, CA 95353