



ANNUAL Membership Application

CONTACT INFORMATION (Please PRINT or TYPE the following information)

NAME: _____ **SURNAME:** _____
TITLE, FIRST, MI, LAST, SUFFIX (IF APPLICABLE)

ADDRESS: _____ - _____
STREET, CITY AND STATE ZIP +FOUR

TELEPHONE: _____ **ALTERNATE PHONE:** _____

PREFERRED E-MAIL ADDRESS: _____

YEAR(S) GRADUATED: _____ **DEGREE(S):** _____

MAJOR(S): _____ **DEPARTMENT:** _____

EMPLOYER: _____ **TITLE:** _____

DOES YOUR EMPLOYER MATCH THE CONTRIBUTIONS EMPLOYEES MAKE TO ACCREDITED COLLEGES AND UNIVERSITIES?

Yes No

PAYMENT INFORMATION

ANNUAL MEMBERSHIP <i>(Please Check Applicable Box)</i>	PAYMENT TYPE <i>(Please Check Applicable Box)</i>
<input type="checkbox"/> \$ 75 Annual Membership <input type="checkbox"/> \$ 75 Associate Annual Membership CHAPTER AFFILIATION _____	<p style="text-align: center;">\$ _____ AMOUNT ENCLOSED</p> <p style="text-align: center;"> <input type="checkbox"/> CHECK/MO <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX </p> <p>ACCOUNT # _____</p> <p>CVV# _____ EXP. DATE _____</p> <p style="text-align: center;">MM/YYYY</p> <p>SIGNATURE _____</p> <p>DATE _____</p>

MAKE CHECKS OR MONEY ORDER PAYABLE TO ASU NAA

MAIL FORM AND PAYMENT TO:

ASU NATIONAL ALUMNI ASSOCIATION, INC

P.O. Box 4969 · Albany, GA 31706-4969

<p style="text-align: center;"><i>ASU NAA OFFICE USE ONLY (Annual Membership)</i></p> <p>Date Received _____ Rec. By: _____</p> <p>Check or Money Order # _____</p>	<p>ASU NAA Contact Information (229) 435-0416 OR asunaa03@yahoo.com www.asuramsnationalalumni.com</p>
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