



LIFE 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

LIFE MEMBERSHIP(Please Check Applicable Box)	PAYMENT TYPE(Please Check Applicable Box)
<input type="checkbox"/> \$1,000 Life Membership (One Time Fee) <input type="checkbox"/> \$334 Initial Installment on Life Membership <i>(Remaining Installments Must Be Paid Over The Next Two Years)</i> <input type="checkbox"/> \$333 Second Year Installment on Life Membership <input type="checkbox"/> \$333 Third Year/Final Installment on Life Membership	\$_____ AMOUNT ENCLOSED <input type="checkbox"/> CHECK/MO <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX ACCOUNT # _____ CVV# _____ EXP. DATE _____ <small>MM/D/YYYY</small> SIGNATURE _____ DATE _____
CHAPTER AFFILIATION _____	

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

ASU NAA OFFICE USE ONLY(Life Membership) Date Received _____ Rec. By: _____ Check or Money Order # _____	ASU NAA Contact Information (229) 435-0416 OR <u>asunaa03@yahoo.com</u> www.asuramsnationalalumni.com
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