



**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

<b>ASU NAA OFFICE USE ONLY (Life Membership)</b> Date Received _____ Rec. By: _____ Check or Money Order # _____	ASU NAA Contact Information (229) 435-2386 OR <a href="mailto:asunaa03@yahoo.com">asunaa03@yahoo.com</a>
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