

Albany State University National Alumni Association
Fiscal Year 20_____ – 20_____ Membership Form
DeKalb Alumni Area Alumni Chapter
PO Box 370074, Decatur, Georgia 30037
www.asuramsdekalb.com



Over 35 Years of Service

You are invited to become a supporter of the Dekalb County Area Alumni Chapter of Albany State University. We are a growing and active chapter whose purpose is to help ASU students realize and achieve their potential.

Chapter meetings are held each second Saturday at 10:30 am.

If you'd like to become a supporter/member, please fill out the following information:

Make check payable and send with membership form to:
DeKalb County Area Alumni Chapter, PO Box 370074, Decatur, Georgia 30037

Name:	
Address:	
City, State Zip:	
Home Phone:	
Cell Phone:	
Email:	
Your Company Website	

Additional Information:

Year(s) Attended: _____ Major(s): _____
 Year(s) Graduated: _____ Friend of ASU: _____

Mark all that apply, I am interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership Recruitment | <input type="checkbox"/> Chapter Operations |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Social | <input type="checkbox"/> HS College Fair |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Tailgating | <input type="checkbox"/> Campus Visitation |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Sporting Events | <input type="checkbox"/> Other _____ |

Membership Dues: (Valid July 1 – June 30)

Local Dues: \$ 50.00 Enter amount: \$ _____
 National Dues: \$ 75.00 Enter amount: \$ _____
 Total: \$ _____

<i>For Chapter Purposes Only:</i>
<i>Date Sent to National:</i>
<i>Check #:</i>
<i>M_/PR_/CP_/Web_/Committees_</i>

THANKS FOR YOUR SUPPORT!

Referred By: _____