



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	<p>\$ _____ AMOUNT ENCLOSED</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> CHECK/MO <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX </div> <p>ACCOUNT # _____</p> <p>CVV# _____ EXP. DATE _____</p> <p style="text-align: right; margin-right: 50px;">MM/D/YYYY</p> <p>SIGNATURE _____</p> <p>DATE _____</p>
<p>CHAPTER AFFILIATION _____</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;">ASU NAA OFFICE USE ONLY (Life Membership)</p> <p>Date Received _____ Rec. By: _____</p> <p>Check or Money Order # _____</p>	<p>ASU NAA Contact Information (229) 435-2386 OR <u>asunaa03@yahoo.com</u></p>
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