SCSU

South Carolina State University
National Alumni Association, Inc.

Life Membership Application

P. O. Box 7113
Orangeburg, South Carolina 29117

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE _____

EMAIL _____SPOUSE'S NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ MAIDEN NAME _____

DATE OF GRADUATION _____CLASS_____ MAJOR _____

PRESENT EMPLOYMENT _____ POSITION _____

FINANCIAL WITH LOCAL CHAPTER ( ) IF YES: NAME OF LOCAL CHAPTER _____

EDUCATIONAL HISTORY

COLLEGE_____ DEGREE_____ DATE_____

GRADUATE WORK_____ DEGREE_____ DATE _____

HONORS AND AWARDS _____

ORGANIZATIONS _____

NAME TO APPEAR ON LIFE MEMBERSHIP CARD_____

PAYMENT PLAN OPTIONS
(Circle plan)

PLAN # 1: 1 payment of $500.00
PLAN # 2: 2 payments of $250.00 (payable in FY)
PLAN # 3: 5 payments of $100.00 (payable in FY)

SIGNATURE: _____

Referred by: _____ DATE: _____

CHECK OR MONEY ORDER MUST ACCOMPANY APPLICATION.

RETURN TO:
Verna Wade, Financial Secretary, 1620 Mountain Ashe Ct., Matthews, NC 28105