



# Alumni Membership Form

**Return with check or credit card information payable to SAU Alumni Association**

Name: \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Degree/Major: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Birthday: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Spouse:** (if applicable)

Name: \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Degree/Major: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Birthday: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Membership Dues:**

Single \$25

\$10 Golden Rider (Single)

\$350 Single lifetime membership

Couple \$35

\$20 Golden Rider (Couple)

\$500 Couple lifetime membership

Additional contribution \$ \_\_\_\_\_

Designated to: \_\_\_\_\_

Scholarship fund: \_\_\_\_\_

Signature: \_\_\_\_\_

**Credit/Debit Payment Info:** (if applicable)

Credit/debit card type:

Visa

Mastercard

Discover

American Express

Card #: \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiration: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_



Southern Arkansas University  
**ALUMNI ASSOCIATION**

P.O. Box 9416  
Magnolia, AR 71754

**E-mail:** clbridges@saumag.edu  
**Office:** (870) 235-4079  
**Fax:** (870) 235-4080  
**Toll Free:** (800) 797-1986