



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

**Children:** (if applicable)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Membership Dues:**

- \$25 - Single
- \$10 - Golden Rider (Single)
- \$350 - Single Lifetime Membership
- \$35 - Nursing Alumni
- \$35 - Couple
- \$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**

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