



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

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