

National African American Alumni Association of Denison, Texas Membership Application

Name (first) _____ (MI) ____ (Maiden/Birth Name) _____ Last _____

Address _____ City _____ State _____ Zip _____

Graduation Class _____ E-Mail Address _____ Cell Tel # _____ Evening Tel # _____

Occupation _____ Employer/Business Name _____ Business Tel# _____

___ I want to join the Alumni Association or renew my Membership (1 year Single) (\$15)

___ I want to join the Alumni Association or renew my Membership (1 Year Couple) (\$25)

___ I want to become a Life Member (Single) (\$200)

___ I want to become a Life Member (Couple) (\$350)

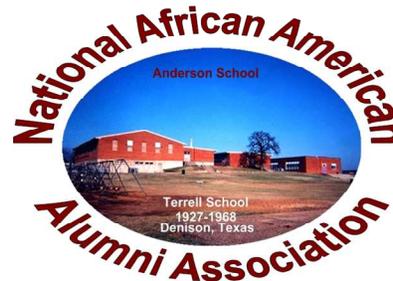
___ I want to donate \$ _____ to support the Alumni Association Programs

Please provide credit card information below or enclose check or money order payable to National African American Alumni Association.

___ MC or ___ Visa Card Number _____ Expiration Mo. _____ Year _____

Zip code must match cardholder information. Mail completed form to

National African American Alumni Association
P.O. Box 594
Denison, TX 75021-0594.



“Our history is worth holding on to.”