

VIRGINIA STATE UNIVERSITY ALUMNI ASSOCIATION LIFE MEMBERSHIP APPLICATION

Please print out and complete this form and return it with payment to:

Virginia State University Alumni Association P.O. Box 2488, Petersburg, VA 23804 Make Checks or Money Orders Payable to VSUAA

I want to join the ranks of those who have already demonstrated their significant support to the Virginia State University Alumni Association by choosing to become a Life Member.

Personal Information Eull Name (/				
Full Name: (please print)				
Maiden Name (if applicable)				
Street Address:				
City:	State:	Zip Co	de:	
City: State: Zip Cod Home Number: Business Number:				
Email Address:				
Business Information				
Occupation	Employ	yer		
Does Your Employer Offer Full-time, In	nternship, and/or Summer	r Hire Positions	YES	NO
If so, what fields are they offered in				
Can we provide this information to matriculating VSU students			YES	NO
If so, can you please provide a conta	ct name and number			
Alumni Information				
Alumni Information Years You Attended Virginia State U	Jniversity	Graduation Date		
Years You Attended Virginia State U	•	Graduation Date		
		Graduation Date YES NO		

<u>Life Membership</u> -Please check your desired life membership plan

Life Membership Plan		
0	One-time payment: \$750	
0	Installment plan 1: Installments of (3) payments of \$250	
0	Installment plan 2: Installments of (6) payments of \$125	

Note: If you choose one of the two installment plans you may pay off the balance at any time, however, the final balance must be paid off within the third year of the anniversary of the initial payment. The Life membership designation only becomes effective upon receipt of your final payment and until such time you will be considered a subscribing Life Member.

If you need additional information regarding membership, please contact the National Alumni Office at (804) 524-6820 or e-mail at membership@vsuaaonline.com