



Name: _____
 Last First Middle Initial Maiden Name

Address: _____
 Street or Post Office City State Zip Code

E-mail: _____ Class of: _____
(If applicable)

Phones: (Home): _____ (Cell): _____

MEMBERSHIP: (New): _____ (Renewal): _____

Recommended by: _____

DUES

_____ **Annual Dues -- \$100.00** per year (\$50.00 Local & \$50.00 National: Individuals who have successfully completed a minimum of three semester credit hours of course work at the undergraduate level.)

_____ **Installment on Life Membership/Local - \$150** until life paid in full

_____ **Life/Local Dues -- \$550** (Pay life in one lump sum)

_____ **Life/Exempt Membership -- \$50.00 per year** (**Life Membership:** Life membership of \$500.00 is paid in full or **Exempt Membership:** Individuals age 70 years and above with 15 years of membership are exempt from paying National Association dues and are automatically granted membership in the Association.)

_____ **Associate Member -- \$50.00** per year (\$25.00 Local & \$25.00 National for Individuals who are a friend or spouse of an Alcornite who have demonstrated genuine interest in Alcorn. Has the same rights as any other member but cannot hold a National Office or serve on the Executive Board.)

_____ **Annual Giving Donation**

PAYMENT: Check# _____ or Cash/Money Order _____

 I would like to serve on the following committee(s): _____ Broadcast _____ Courtesy _____ Education _____ Fundraising _____ Membership _____ Nursing Home _____ Picnic/Christmas Social

*Please mail completed form and check to the address above. **NO CASH!**
 Please make check or money order payable to: Metro-Jackson Alcorn Alumni*