



Delta State
University

Alumni Association Membership Application

ID #: _____ Class of _____

Name: _____
Last First Middle

Spouse _____ Birthdate _____

Address _____

City/State/Zip _____

Employer _____

Job Title _____

Phone (Home) _____ (Work) _____

Cell _____

Email _____

Please check the type membership that best suits your needs:

☐ 1 year (\$20 single, \$30 joint) ☐ Life (\$400 single, \$600 joint)

I would also like to join the following alumni groups:

☐ Accounting (\$10) ☐ Aviation (\$5) ☐ Music (\$5)

☐ Art (\$5) ☐ Black (\$5) ☐ Nursing (\$5)

☐ Athletic (\$10) ☐ Family & Consumer Science (H.Ec.) (\$5)

Total amount enclosed: _____

☐ Check ☐ Visa ☐ Mastercard

Card # _____

Name (exactly as appears on card) _____

Signature _____ Exp. Date _____

Life dues can be paid in installments of \$50 each year.

Make check payable to : DSU Alumni Association

Mail to: P.O. Box 3104, Cleveland, MS 38733

☐ Please send decal.