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:

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

I would also like to join the following alumni groups:

Δ Accounting ($10) Δ Aviation ($5) Δ Music ($5)

Δ Art ($5) Δ Black ($5) Δ Nursing ($5)

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

Total amount enclosed:_____

Δ Check Δ Visa Δ 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

Δ Please send decal.