

LINCOLN UNIVERSITY (MO) ALUMNI ASSOCIATION

MEMBERSHIP APPLICATION

(Membership period is from January 1 to December 31)

Membership Year: **20** _____ Subscribing (check one – see below): _____ Golden Life _____ Silver Life

Name _____
First Middle Last Maiden

Spouse's Name _____

Street Address _____

City _____ State _____ Zip _____

Phone: Home () _____ Work () _____

Email Address: _____ FAX: _____

Year Graduated _____ Degree Earned _____

Profession/Job Title _____

Employer _____

Employer Address _____

Please check one:

Individual Membership\$50.00 per year

Associate Membership\$50.00 per year
 (Not a graduate, but has a genuine interest in the promotion of the Association/University)

Golden Life Membership.....\$600.00
62 years of age & beyond
 (To be paid in full or over a four (4) year period of \$150.00 per yr.)

Silver Life Membership.....\$1,500.00
61 years of age or younger
 (To be paid in full or over a four (4) year period of \$375.00 per yr.)

New Graduate MembershipFree
 (One year free membership as a current year LU graduate)

Local chapter dues are in addition to the national dues

Make your check/money order payable to
Lincoln University Alumni Association

Chapter Name (if applicable): _____

Attach to this form and return to:

National membership payment \$ _____

Subscribing Life membership payment \$ _____

Local Chapter membership payment \$ _____

Membership Card Replacement (\$5.00) \$ _____

Enclosed total payment \$ _____

Lincoln University
 Office of Alumni Affairs
 818 Chestnut St., Memorial Hall
 Jefferson City, MO 65102-0029
 573-681-5573 or 6107
 Fax: (573) 681-5892
griffins@lincolnu.edu or
wilsons@lincolnu.edu

Charge the total amount to the following credit card: MasterCard VISA Discover American Express

Card Number: _____ **Expiration Date:** _____

Card Holder's Signature: _____