



Triangle Chapter



Penn State
Alumni Association

MEMBERSHIP FORM

JULY 2015-JUNE 2016

Annual Family Membership Dues Are **Fifteen Dollars (\$15).**

You may also include a donation to the Chapter's endowed scholarship fund with your payment.

Please fill out this form legibly and as completely as possible. The Chapter wants to make sure we have the most accurate contact information for you. Thank you for your support!

NAME (FIRST, M.I., LAST) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS(ES) _____

PREFERRED PHONE NUMBER _____ CIRCLE: (Home)/(Work)/(Cell)

EMPLOYER _____

CLASS YEAR/DEGREE/MAJOR (e.g. 1988/B.S., Bio) _____

SPOUSE'S NAME (FIRST, M.I., LAST) _____

SPOUSE'S EMPLOYER _____

SPOUSE'S ALMA MATER _____ CLASS YEAR/DEGREE/MAJOR _____

Are you a member of the national Penn State Alumni Association? YES / NO

Are you interested in attending Board meetings or volunteering your time for the Chapter? YES / NO

What activities would you like to see the Chapter organize? _____

Please make all checks payable to "Triangle Penn State Chapter" and mail with this form to:
Triangle Penn State Chapter
Attn:Membership
P.O. Box 1215
Morrisville, N.C. 27560-1215

FOR CHAPTER USE ONLY:

Check No./Cash	Check Name	Date Received	Amount	Chapter Representative
_____	_____	_____	_____	_____