SUBMIT APPLICATION

MICHIGAN STATE UNIVERSITY
BLACK ALUMNI
—Est. 1980—

MEMBERSHIP APPLICATION *updated 8/2018*

☐ NEW ☐ RENEWAL ☐ FRIEND(S) OF MSUBA

NAME: _____
FIRST NAME LAST NAME MI MAIDEN NAME

ADDRESS: _____
STREET (APT) CITY ST ZIP

PHONE: ( ) ( ) _____
CELL PHONE BUSINESS EMAIL ADDRESS

EMPLOYER: _____
EMPLOYER OCCUPATION

MSU GRAD: ☐ YES ☐ NO YEARS ATTENDED: _____ _____ _____
DEGREE(S) YEAR MAJOR

IF APPLYING FOR JOINT MEMBERSHIP, PLEASE PROVIDE INFORMATION REQUESTED BELOW:

SPOUSE'S NAME: _____
LAST NAME FIRST NAME MI MAIDEN NAME

EMPLOYER: _____
EMPLOYER OCCUPATION

MSU GRAD: ☐ YES ☐ NO YEARS ATTENDED: _____ _____ _____
DEGREE(S) YEAR MAJOR

☐ YES, I GIVE MSUBA, INC., PERMISSION TO PRINT THE ABOVE INFORMATION. PREFERRED CONTACT METHOD (PLEASE CHOOSE ONE): ☐ PHONE ☐ EMAIL ☐ POSTAL MAIL

☐ NO, I DO NOT GIVE MSUBA, INC., PERMISSION TO PRINT THE ABOVE INFORMATION.

AREAS OF INTEREST: PLEASE CHECK NO MORE THAN TWO (2) AREAS

☐ ALUMNI RELATIONS ☐ MEMBERSHIPS ☐ SCHOLARSHIPS ☐ ENDOWMENT ☐ UNIVERSITY RELATIONS

☐ BUDGET/FINANCE ☐ COMMUNICATIONS ☐ FUND RAISING ☐ HOMECOMING

MEMBERSHIP TYPE:

LIFETIME	JOINT	SINGLE	STUDENT
SINGLE: $350 _____ # OF MEMBERSHIPS	LOCAL: $____ _____ # OF MEMBERSHIPS	LOCAL: $____ _____ # OF MEMBERSHIPS	$7.00 _____ # OF MEMBERSHIPS
JOINT: $450 _____ # OF MEMBERSHIPS	NATIONAL: $40 _____ # OF MEMBERSHIPS	NATIONAL: $30 _____ # OF MEMBERSHIPS	
TOTAL: $_____	TOTAL: $_____	TOTAL: $_____	TOTAL: $_____

ANNUAL MEMBERSHIP YEAR: One year from date of purchase.

APPLICANT SIGNATURE: _____ **DATE:** _____

MAKE CHECKS PAYABLE TO: MSU BLACK ALUMNI, INC.

METHOD OF PAYMENT: CASH: $ _____ **CHECK#:** _____ **CREDIT CARD:** ☐

PAYMENT ACCEPTED BY: _____ **DATE:** _____

LOCAL CHAPTER: _____ **PAY ONLINE, click here**

EMAIL: 2ndViceMSUBA@gmail.com or MAIL COMPLETED APPLICATIONS TO: MSUBA, P.O. BOX 26214, LANSING, MI 48909 ATTN: MEMBERSHIPS

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