

Kentucky State University National Alumni Associaiton Frankfort Alumni Chapter

Membership Application

Mr Mrs Ms Dr.		
Name:		
Email:		
Mailing Address:		
Phone: Home or Work Phone:		x Phone:
Class of Degree:	e: Major:	
What would you like to do as a member o	f the Frankfort Alumni C	hapter?
Mei	mbership Dues	
Annual memberships are rene	ewed yearly and valid	from July 1-June 30
Payable to KSU Frankfort Alumni Chap Mail to Donna F. Fowler, P.O. Box 32153		
Frankfort Alumni Chapter	Annual Membership	\$25.00
Frankfort Associate Membership		\$25.00
Payable to KSUNAA and Mail to Alumni Relations, Kentucky Stat	e University, Frankfort, I	XY 40601
National Alumni Associati	on Annual Membership	\$50.00
National Alumni Associati	on Associate Membership	\$50.00
National Alumni Life Mem	hershin	\$500.00 (payable over 2 years)