



**South Carolina State University
National Alumni Association, Inc.**

LeToya Johnson, Financial Secretary
PO Box 1617
Waldorf, MD 20604



LIFE MEMBERSHIP APPLICATION

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

(Use your home of record if in transition)

DATE OF BIRTH _____ MAIDEN NAME _____

NAME OF SPOUSE _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

GRADUATION YEAR (S) _____ MAJOR(S) _____

EMPLOYER _____ CITY/STATE _____

NAME AS IT SHOULD APPEAR ON LIFE MEMBER CARD:

Please select (1): I am:

_____ A MEMBER WITH A LOCAL CHAPTER; WHICH CHAPTER _____

_____ An AT-LARGE MEMBER (I am not affiliated with a local chapter because there is NO chapter in my area)

_____ Not a member of a chapter, however; there is a chapter in my local area

Notes:

Life Membership is \$750

*Partial payments of at least \$50 are accepted. However, if the total \$750 is not paid by June 30, \$50 will be deducted from your balance, with the remainder applied toward the NEXT fiscal year's payments. If full payment is not completed in that fiscal year, your balance will be zeroed out, requiring you to start over.

*In order to remain active as Local and At-Large members, dues should be maintained while Subscribing as a Life Member.

SIGNATURE: _____ DATE: _____

www.scstatealumni.org

Love and Cherish Thee...