

**Yes! I would like to join**

THE  
**ALUMNI**  
**ASSOCIATION**  
of Indiana State University

**Name**

**Address**

**City, State, Zip**

**Year of Graduation**

**E-mail**

- \$500 Life Member  
 Bill my credit card in four equal quarterly payments
- \$40 Annual (single)  
 \$40 Annual (dual)  
 \$300 Life G.O.L.D.\*  
 Bill my credit card in four equal quarterly payments
- \$20 Annual G.O.L.D.\*

\***Graduate** *Of* the **Last Decade**

- New Membership       Renewal

**Method of Payment:**

- Enclosed is my check, payable to the ISU Alumni Association  
for \$ \_\_\_\_\_.
- Bill my credit card  
 American Express     Discover     Mastercard     Visa

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**Complete this form and return with payment to:**

Alumni Association  
Indiana State University  
Terre Haute, Indiana 47809

