

Yes! I would like to join!



Name

Address

City, State, Zip

E-mail

- \$500 Life Member
 - Bill my credit card in four equal quarterly payments
- \$30 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.*
- \$30 Annual G.O.L.D.* (dual)

**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

