



Membership Application

Name: _____ G#: _____ DOB: ____ / ____ / ____
(If applicable)

Address: _____
Street/Apt. # City State Zip

Phone Number: _____ Home Work Cell

Email: _____

Employment

Employer: _____ Job Title: _____

Address: _____
Street/Apt. # City State Zip

Membership

Annual Membership \$20 _____ Lifetime Membership \$300 _____
(May be paid in increments of \$25 over 1 year)

Student Chapter \$10 _____ ➔ Certificate of Appreciation - Award Name: _____

Graduate (certificate/degree) Regular (current/former student) Associate (employee/friend) Corporate (business)

In addition to membership dues, I want to contribute to the Alumni Association Scholarship Fund:

\$10 _____ \$25 _____ \$50 _____ \$75 _____ \$100 _____ Other _____

Does your employer have a matching gift program? Yes No

Checks:

GSCC Alumni Association
Haley Brown, Treasurer
P.O. Box 227
Gadsden, AL 35902-0227

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Signature

Date