

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

\$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.\*

*\*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



**Indiana State  
University**

*More. From day one.*

