



# Gadsden State Community College

Alumni Association Membership Application

NAME: \_\_\_\_\_ STUDENT NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street/Box No. City State Zip

HOME PHONE (\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMPLOYEE OR BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
Street/Box No. City State Zip

YEAR GRADUATED \_\_\_\_ OR LAST YEAR ATTENDED \_\_\_\_ AREA OF STUDY (MAJOR) \_\_\_\_\_

DUES (Enclose check made payable to GSCC Alumni Association):

One Year Membership \$20.00 \_\_\_\_\_ Lifetime Membership: \$300.00\* \_\_\_\_\_

In addition to dues, I want to contribute to the Alumni Scholarship Fund in the amount of:

\_\_\_\_\_ \$10 \_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ Other

DOES YOUR EMPLOYER/BUSINESS HAVE A MATCHING GIFT PROGRAM? \_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission to Gadsden State Community College to use my photograph, business card, and/or my statements about GSCC in highlighting successful GSCC students in advertisements. \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send completed form & check to  
\*\*\*\*\*  
Susan Hawkins, Treasurer  
GSCC Alumni Association  
PO Box 227  
Gadsden, AL 35902-0227  
\*\*\*\*\*

<b>For Office Use Only</b>	
Date Received _____	Type Member: Graduate _____
Amount _____	Regular _____
	Associate _____
Data Base Entry _____	Honorary _____

\* May be paid in increments of \$25 or more over a period of one year.