



National Alumni Association Membership Form

Personal Data:

Name _____ Maiden Name _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ **E-mail:** _____

Birth Date: _____

Education Data (please list institution, discipline, and date of graduation)

Bachelors: Florida Memorial University

Discipline: _____ Date of Graduation: _____

Masters: _____

Discipline: _____ Date of Graduation: _____

Doctorate: _____

Discipline _____ Date of Graduation: _____

Employment Data:

Employer: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____ **E-mail:** _____

Church Affiliation

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____ **E-mail:** _____

Please forward your National Association Annual Dues of \$50.00 to:

**Mr. Charles Bolden, Treasurer
5197 Heron Bay Blvd, Locust Grove, GA. 30248
(770) 898-4229**

Please make check payable to: FMUNAA

Desired Alumni Chapter affiliation: _____