

MEMBERSHIP APPLICATION FORM

NAME: _			
(M	AIDEN NAME)		
ADDRESS	S:		
PHONE N	IUMBER:		
e-MAIL A	DDRESS:		
GRADUA	TION YEAR:		
Regular L	IFETIME Membership fee	e - \$125.00	
Annual Mo	embership fee - \$15.00		
INTEREST			
	IOLARSHIP COMMITTEE		
	JNIONS ID RAISING		
	CIAL EVENTS		
RETURN TO:			
	390 FAIR STREET		
	BEREA, OHIO 44017		
	FOR ALUMNI OFFICE	E USE ONLY	
MEMBERSHIP PA	YMENT RECEIVED		
		(DATE)	
\$125.00 Lifet	time \$15 Annual		