



MEMBERSHIP FORM

Please check desired membership:

- \$35: Alumni Association Membership
- \$100: Athletics Booster Club Membership

Please indicate use of your \$100 Athletics Booster Club membership funds:

- General Fund _____
- Specific Sport(s) _____
(Baseball, Men's Basketball, Women's Basketball, Cross Country, Men's Golf, Women's Golf, Men's Soccer, Women's Soccer, Softball, Men's Tennis, Women's Tennis, Volleyball)

Please complete the following information:

Date _____ St. Mary's Student ID# _____

Name _____
Title First Middle Last (Maiden)

Degree(s) and Graduation Year(s) _____

Home Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Fax _____

Please check method of payment:

- Check: Please make check payable to the St. Mary's Alumni Association
- Credit Card: Visa MasterCard Discover American Express

Card Number: _____ Card Validation Code (3 or 4 digits): _____

Exp. Date: _____

Name as it appears on card: _____

Signature: _____