LSU Alexandria
Alumni & Friends Association

Alumni and Friends Association (AFA) Membership Information

Personal Information

Name: (Ms/Mr/Mrs) _____ Birthdate (mm/dd/year): _____

Address: _____ City: _____ State: ____ ZIP:_____

Preferred E-Mail Address: _____

Phone: Home: _____ Work: _____

Cell: _____ Fax: _____

Occupation/Title: _____ Business: _____

Employer Address: _____ Phone: _____

Did you attend LSUA? _____ When: _____ Date of LSUA Graduation: _____

Major Area of Study: _____

Other universities attended, degrees, or certifications: _____

Spouse Information

Name (Ms/Mr/Mrs) _____

Occupation:_____ Employer: _____

Universities attended and degrees earned: _____

Other Information

_____

_____

_____

_____

_____

I am willing to assist with: (check all that apply)

_____ AFA social events
_____ LSUA Departmental reunions
_____ Networking/career opportunities
_____ Nursing Alumni Activities
_____ New student recruitment
_____ Athletic activities
_____ LSUA initiatives and funding support
_____ Call on me for a committee function or leadership role

Yearly membership dues are $35 per person or $60 per couple, payable July 1 of each year.

Enclosed: _____ (indicate amount) ☐ **Cash** ☐ **Check**

☐ **Charge Credit Card:** ☐ **Visa** ☐ **MasterCard** ☐ **Discover** ☐ **American Express**

_____ **Card Number**

_____ **Expiration Date**

_____ **Name on Card**

_____ **Signature**

Please mail completed form and dues to:
LSU Alexandria Alumni and Friends Association, P.O. Box 5512, Alexandria, LA 71307
Phone: (318) 619-2917 FAX: (318) 619-2915 e-mail: mmccampbell@lsua.edu

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