

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

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

Enclosed: \_\_\_\_\_  Cash  Check  
(indicate amount)  
 Charge Credit Card:  Visa  MasterCard  Discover  American Express

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Signature

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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](mailto:mmccampbell@lsua.edu)