



Kentucky State University Alumni Association Louisville Chapter
PO Box 21185 - Louisville, KY 40221

Membership Dues Application

Mr. Mrs. Ms.

Nickname: _____

Name: _____
 First *Middle* *Last* *(Maiden)*

Address: _____

Preferred Mailing Address if different from above: _____

City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ Cell Phone # (____) _____ Work Phone # (____) _____

Email: _____ Birth Date: Month _____ Day _____

Class year if applicable: _____ Major: _____

Local Chapter dues are renewed yearly and are valid from July 1 - June 30

I am paying dues for Membership from **July 1, 2020 – June 30, 2021**

Louisville Alumni Chapter Annual Membership \$35.00
Persons who hold degrees, diplomas or certificates granted by KSU or who attended KSU for one or more semesters.

OR

Associate Membership – \$35.00
Persons who wish to support the Chapter's objectives and programs, but did not attend KSU.

* **National Alumni Association Membership Dues \$50.00 (renewed yearly)**

OR

* **National Alumni Association Life Membership \$500.00 (payable over 2 years. Local dues are still paid yearly)**

Paying by Cash Check # _____ in the amount of \$ _____

Please make your check payable to: **Kentucky State University Louisville Alumni Chapter**

Applicant Signature: _____ Date: _____

Mail to:
KSU Louisville Alumni Chapter
ATTN: Membership Committee
P.O. Box 21185
Louisville, KY 40221

Chapter Membership Personnel Only		<input type="checkbox"/> Local	<input type="checkbox"/> National
Date Received:	_____	by	_____
Payment Method	<input type="checkbox"/> CASH	<input type="checkbox"/> Check# _____	<input type="checkbox"/> Other
Amount \$	_____		
Membership Card Given:	_____	by	_____