



MEMBERSHIP FORM

Membership year is July 1st thru June 30th

Member Information:

Name(s):

Street Address:

City:

State:

Zip Code:

Email:

Phone:

All Chapter communications (newsletters, flyers, etc.) are now sent via email and posted to our website.

If you still prefer to receive hardcopies via U.S. Mail. Check this box

Getting Involved:

The chapter always invites Members to get involved. If you would like to be part of the fun, please check all areas in which you have interest:

Board of Directors

Membership Committee

Community Service Committee

Social Committee

Media/Communication

Picnic Committee

Scholarship Committee

Football Viewing Parties

Other _____

(please specify)

Membership:

Circle one: New Renewal

Check one annual Membership type: Individual - \$15 Family - \$25

For Family memberships, please list all family members _____

Are you or any of your family, members of the university's Alumni Association? ___Yes ___No

Are you or any of your family, members of any other PSU alumni chapter or interest group? ___Yes ___No

MEMBERSHIP FEE DUE: \$

Scholarship Fund Contribution:

\$10 \$15 \$20 \$25 \$50 \$100 Other Amount \$ _____ (Please Specify)

* NOTE: Donations to the Scholarship Fund of the Annapolis Chapter- Penn State Alumni Assoc. are Tax-deductible

SCHOLARSHIP FUND CONTRIBUTION: \$

Total Amount Enclosed: \$

Please make check payable to: A.C.P.S.A.A.

Mail completed form & payment to: ACPSAA

Attn: Membership Chairman

P.O. Box 693

Arnold, MD 21012