LINCOLN UNIVERSITY NATIONAL ALUMNI ASSOCIATION
MEMBERSHIP APPLICATION

(Membership period is from January 1 to December 31)

Membership Year: **20**____ Subscribing (check one – see below): ____Golden Life ____Silver Life

Name _____
First Middle Last Maiden

Spouse's Name _____

Street Address _____

City _____State _____ Zip_____

Phone: Home ( )_____ Work ( )_____

Email Address: _____ FAX: _____

Year Graduated _____ Degree Earned _____ SS# _____

Profession/Job Title _____

Employer _____

Employer Address _____

_____

Please check one:

☐ **Individual Membership** .....….$40.00 per year

☐ **Associate Membership** .....$40.00 per year
(Not a graduate, but has a genuine interest in the promotion of the Association/University)

☐ **Golden Life Membership**.....$400.00
62 years of age & beyond
(To be paid in full or over a four (4) year period of $100.00 per yr.)

☐ **Silver Life Membership**……...…..$1,000.00
61 years of age or younger
(To be paid in full or over a four (4) year period of $250.00 per yr.)

Local chapter dues are in addition to the national dues

Chapter Name (if applicable): _____

National membership payment $_____

Subscribing Life membership payment $_____

Local Chapter membership payment $_____

Enclosed total payment $_____

Make your check/money order payable to
Lincoln University Alumni Association

Attach to this form and return to:

Lincoln University
Office of Alumni Affairs
818 Chestnut St., Memorial Hall
Jefferson City, MO 65102-0029
573-681-5573 or 5572
Fax: (573) 681-5892
griffins@lincolnu.edu or
williamb@lincolnu.edu

☐ ***MasterCard*** ☐ ***VISA*** ***Card Number*** _____ ***Exp. Date:***_____

Card Holder's Name & Signature _____

Lincoln University (MO)
An HBCU founded by the 62nd & 65th Colored Infantries

Alumni Affairs
Nov/07