

MUW Alumni Association Membership Registration Form

Full Name: _____

Class Year: _____

Address: _____

Telephone: _____

E-mail: _____

I hereby register for membership provided that I meet the requirements applicable to the membership category selected.

Signature: _____

Date: _____

Membership Categories

_____ **Active Member** An alumna/us who has completed at least 12 semester hours at the University and who has made a minimum annual contribution of \$40.00 in the previous calendar year to either to the MUW Alumni Association or the MUW Foundation. Active members are eligible to vote and hold office.

_____ **New Graduate Member** For the first year after graduation from the University, each alumna/us will be granted a complimentary active membership. New Graduate Members are eligible to vote but not hold office.

_____ **Associate Member** A friend of MUW who is not an alumna/us may join as an Associate Member by making a \$40.00 minimum annual contribution to the MUW Alumni Association or the MUW Foundation and sending an official request for Associate Member status to the MUW Office of Alumni Relations. Associate members are not eligible to vote or hold office.

Please return this form to:
MUW Alumni Association
1100 College Street, MUW-10
Columbus, MS 39701-5800
(662) 329-7295 phone
(662) 329-7466 fax
alumni@muw.edu