



SW Florida Mountaineers Chapter

West Virginia University Alumni Association

Membership Form

Member 1

Name _____ E-mail Address _____

Mailing Address _____

Home Telephone Number (including area code) _____

Work Telephone Number (including area code) _____

Graduating Class & Degree _____ Post-Graduate Class & Degree _____

Occupation and Employer _____

Spouse (if not a joint member) _____

Children (names & dates of birth) _____

Member 2 (if joint membership)

Name _____ E-mail Address _____

Work Telephone Number (including area code) _____

Graduating Class & Degree _____ Post-Graduate Class & Degree _____

Occupation and Employer _____

I am interested in:

Assisting with recruiting new students

Annual golf outing committee

Membership committee

Chapter social functions

Assisting local alumni with job searches

Scholarship committee

Other (all ideas welcome) _____

Scholarship contribution: \$ _____

Annual dues: \$ _____

Total amount enclosed: (Scholarship & Dues)

\$ _____ * Check # _____ Date _____

*Individual membership is \$15.00 per year & \$20.00 for joint membership

Please make checks payable to "SW Florida Chapter - WVU Alumni Association."

Send your check and form to your area coordinator shown on the contacts page