



Membership Application

(NATIONAL DUES FISCAL YEAR: JULY 1 - JUNE 30)

DUES FOR: JULY 1, 20__ TO JUNE 30, 20__

CHECK WHERE APPLICABLE

____ ANNUAL GENERAL MEMBERSHIP - \$50.00

____ RECENT SAU GRADUATE MEMBERSHIP - \$25.00 (New grads enjoy special discounted rate for first 3 years after graduation.)

____ INDIVIDUAL LIFE MEMBERSHIP PAID IN FULL - \$500.00

____ DUAL LIFE MEMBERSHIP PAID IN FULL - \$750.00 (Dual life membership is for two alumni living in the same household.)

SUBSCRIBING ____ INDIVIDUAL LIFE OR ____ DUAL LIFE - \$100.00 (MINIMUM)* DEPOSIT or DIFFERENT AMOUNT \$_____

____ ASSOCIATE MEMBERSHIP (FRIENDS & SUPPORTERS) - \$25.00

*Life Membership OR Dual Life Membership may be achieved by making payments on an installment basis. Initial minimum payment must be \$100 and balance must be paid over a 36 month period. Or a larger initial payment with a shorter installment time frame.

Mark Payment Method: _____ Check _____ Money Order _____ Other: (Credit Card, etc.)

PERSONAL INFORMATION: (PLEASE PRINT or TYPE)

Name*		
2nd Name for Dual Life Membership (ONLY)*:		
Street	City	State/Zip
Email:		
Home:		Cell:
Year Graduated:	Year Graduated: (Dual Life Membership-2nd person):	
Chapter Affiliation (if applicable):		

**NAME AS YOU WISH FOR IT TO APPEAR ON YOUR MEMBERSHIP CARD.*

MAIL COMPLETED FORM TO: National Alumni Association of Saint Augustine's University, Inc.
 POB 28122, Raleigh, North Carolina 27611-8122

MEMBERSHIP LEVELS & BENEFITS

Life Membership/Dual Life Membership This membership is offered to former students. Member receives: ☞ Gold Membership Card ☞ Appreciation token	Subscribing Life/Dual Membership: This membership is offered to former students. Member receives: ☞ Membership Card ☞ Appreciation token	General Membership: This membership is offered to former students. Member receives: ☞ Membership Card ☞ Appreciation token
	Associate Membership (Friends & Supporters): This is an annual membership offered to friends & supporters of the University. Member receives: ☞ Membership Card ☞ Appreciation Token	

For Office Use Only

Date Received: _____ Check Number: _____ Amount Received: _____

Membership Database Manager: Kim Hayes-Johnson - JOINSAUNAA@AOL.COM, 919-233-1739 (home) or 919-793-6772 (cell)

APPLICATION REVISION DATE: 5.4.2019