



*Jackson State University National Alumni Association, Inc.*

PO Box 17820 | Jackson, MS 39217 | [www.jsunaa.org](http://www.jsunaa.org)

Phone 601.979.2281 | Toll Free 800.578.6622 | Fax 601.979.3701

The JSU National Alumni Association, Inc. needs your support! Although we are a large family, and growing every day, each member of our association is important. Our members contribute to valuable scholarship programs, connect with lost alumni, receive a variety of discounts on everyday needs such as auto insurance, and stay connected to their alma mater. The Fiscal Year for Membership dues is July 1 through June 30 of each year. All regular membership dues expire June 30th of each year. Membership renewals are due July 1 of each year.

*Failure to complete this form legibly and in its entirety may cause a delay in membership processing. Please note 'N/A' for all items that do not apply. This form must accompany all mailed membership payments.*

<b>MEMBERSHIP APPLICATION</b>			
<b>MEMBER INFORMATION</b>			
<b>*Name:</b>			
<b>Maiden Name:</b>			
<b>*Email Address:</b>			<b>*Phone:</b>
<b>*Current address:</b>			
<b>*City:</b>	<b>*State:</b>	<b>*ZIP Code:</b>	<b>*Country:</b>
<b>*Hometown:</b>			
<b>SCHOOL INFORMATION</b>			
<b>*Major:</b>			<b>*Year Graduated:</b>
<b>Major:</b>			<b>Year Graduated:</b>
<b>Major:</b>			<b>Year Graduated:</b>
<b>EMPLOYMENT INFORMATION</b>			
<b>*Current employer:</b>			
<b>Employer address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>	
<b>Country:</b>			
<b>Business Phone:</b>			<b>Fax:</b>
<b>MEMBERSHIP INFORMATION</b>			
<b>J Number (if known):</b>			
<b>Please check one: New Membership <input type="checkbox"/>    Renewal <input type="checkbox"/></b>			
<b>*Check the Membership Type Requested:</b>			
Regular: \$50 <input type="checkbox"/>	Associate: \$50 <input type="checkbox"/>		
Regular Life: \$550 <input type="checkbox"/>	Tiger Life: \$1,500 <input type="checkbox"/>	Blue and White Life: \$2,500 <input type="checkbox"/>	
<b>*Local Chapter Affiliation:</b>			
<b>SIGNATURE</b>			
<b>I authorize the verification of the information provided on this form.</b>			
<b>Signature of applicant:</b>			<b>Date:</b>

*Please print clearly and mail to:  
 Jackson State University, Alumni and Constituency Relations  
 P.O. Box 17820 • Jackson, MS 39217  
 Contributions Welcomed • Questions? Call 601.979.2281*