Stay Connected... Join the HSU Alumni Association TODAY!!!!

Join the HSU Alumni Associat TODAY!!!! "Once a studentAlways an alum."	HUMBOLDT
NameTitle	ALUMNI
*Date of Birth*SSN	ALUMINI
*HSU ID#E-mail	<u> </u>
Permanent Address	City
State Zip *Permanent Phone ()	Cell/Fax
BA/BS Grad Year Major	Minor
MA/MS Grad Year Major Ur	niversity
Occupation Employer	Phone ()
SPOUSAL/DOMESTIC PARTNER INFORMATION:	
NameT	itle HSU Grad Y N
*Date of Birth*SSN	*HSU ID #
E-mail	
BA/BS Grad Year Major	Minor
MA/MS Grad Year Major U	niversity
Occupation Employer	Phone ()
□ YES, I WOULD LIKE TO KEEP MY HSU E-MAIL ACC *Information needed to maintain your HSU E-mail account! MEMBERSHIP TYPE: Please check all boxes that apply New Graduate □ \$20 (price yolid for 6 weeks after your graduation data)	Alumni Association + Chapter (if applicable) Fees
*Information needed to maintain your HSU E-mail account! MEMBERSHIP TYPE: Please check all boxes that apply New Graduate \$20 (price valid for 6 weeks after your graduation date) Annual \$35 Individual \$45 Spousal 3-Year \$105 Spousal	Alumni Association + Chapter (if applicable) Fees
*Information needed to maintain your HSU E-mail account! MEMBERSHIP TYPE: Please check all boxes that apply New Graduate	Alumni Association + Chapter (if applicable) Fees
*Information needed to maintain your HSU E-mail account! MEMBERSHIP TYPE: Please check all boxes that apply New Graduate \$\text{\$\text{\$}}\$\$\$\$\$ \$	Alumni Association + Chapter (if applicable) Fees Payment Total: \$ Method: □ Cash □ Check □ Credit Card

Date of Birth	SSN	ASSOCIATION
*HSU ID#E-mail		
Permanent Address		City
State Zip*Peri	manent Phone ()	Cell/Fax
BA/BS Grad Year	Major	Minor
MA/MS Grad Year Majo	r	University
Occupation	Employer	Phone ()
SPOUSAL/DOMESTIC PARTNER INFO	PRMATION:	
Name		_ Title HSU Grad Y N
		*HSU ID #
E-mail		
BA/BS Grad Year	Major	Minor
		_ University
Occupation	Employer	Phone ()
MEMBERSHIP TYPE: Please check a		Alumni Association + Chapter (if applicable) Fees
New Graduate \$20 (price valid for 6 annual *\$35 Individual	weeks after your graduation da	
3-Year	4 years	
Life \$400 Individual *Convert your Annual Individual membership		Method: □ Cash □ Check □ Credit Card
dues toward a Life membership.	to and apply up to a yould	Credit Card Type: □ Visa □ MasterCard
CHAPTER MEMBERSHIPS: Additiona	l Fee	Name on Card:
Chapter: □ Forestry □ Nursing	☐ HSUAA-Sacramento	Number:
Chapter Annual ☐ \$10 Individual ☐ \$150 Individual	al □ \$300 Spousal	Expiration Date:
* Must be a life member of the HSUAA to be		
* Must be a life member of the HSUAA to be I am interested in being a volunteer for the By checking this box you will be coded in ou		

campus, or initial on this line ______.