



Stay Connected

Join the HSU Alumni Association Today!

Once a student – Always an alum

Member Information

Name _____ Title _____
Email _____
Permanent Address _____
City _____ State _____ Zip _____
*HSU ID# _____ *SSN _____
*Date of Birth _____
*Home Phone (_____) _____
Cell/Fax (_____) _____
☐ BA ☐ BS Major _____
Grad Year _____ Minor _____
☐ MA ☐ MS ☐ M _____ Major _____
Grad Year _____ Minor _____
Occupation _____
Employer _____
Work Phone (_____) _____

Spousal/Domestic Partner Information

HSU Grad? ☐ Yes ☐ No
Name _____ Title _____
Email _____
Cell/Fax (_____) _____
*HSU ID# _____ *SSN _____
*Date of Birth _____
☐ BA ☐ BS Major _____
Grad Year _____ Minor _____
☐ MA ☐ MS ☐ M _____ Major _____
Grad Year _____ Minor _____
Occupation _____
Employer _____
Work Phone (_____) _____

Membership Type: *Please check all boxes that apply*

Annual ☐ \$ 35 Individual ☐ \$ 45 Spousal
3-Year ☐ \$ 75 Individual ☐ \$105 Spousal
Life ☐ \$400 Individual ☐ \$600 Spousal
Life Payment ☐ \$100 annually for 4 years
New Graduate ☐ \$20 LIMITED TIME! This price is valid for
6 weeks after your graduation date.

Chapter Memberships: *Additional Fee*

Chapter: ☐ Forestry ☐ Nursing
☐ Wildlife ☐ Sacramento
Chapter Annual ☐ \$10 Individual ☐ \$20 Spousal
Chapter Life † ☐ \$150 Individual ☐ \$300 Spousal
† Must be a life member of the HSUAA to be a chapter life member

HSU Alumni Relations

Humboldt State University • Siemens Hall 215
1 Harpst Street • Arcata, CA 95521
(707) 826-3132 • Fax (707) 826-5148
alumni@humboldt.edu • www.humboldt/~alumni
www.humboldtalumni.onlinecommunity.com

☐ I would like to receive/keep my humboldt.edu email address. The asterisk (*) data is required for activating my account, including my HSU ID # OR my Social Security #.

☐ I am interested in being a volunteer for the university, no matter where life takes me. By checking this box you will be coded in our database as having volunteer interests.

Your name, address, phone number, major, and class year may be used by HSU for the development of University-affiliated marketing programs. If you do not wish to have this information used, please notify the Alumni Relations office by writing the campus, or initial on this line _____.

Alumni Association Fees

Payment Total: \$ _____

Method: ☐ Cash ☐ Check ☐ Credit Card
Credit Card Type: ☐ Visa ☐ MasterCard

Name on Card: _____

Number: _____

Expiration Date: _____