

Elizabeth City State University National Alumni Association, Inc.

Fiscal Year 20____ – 20____ Membership Form

Atlanta Metro Alumni Chapter

400 West Peachtree Street NW

Suite #4 – 1432

Atlanta, GA 30308

www.ecsuatmetro.org



Over 40 Years of Service to the Metro Atlanta Area

You are invited to become a member of the Atlanta Metro Alumni Chapter of Elizabeth City State University's National Alumni Association. We are a growing and active chapter whose purpose is to support ECSU goal and objectives locally.

If you'd like to become a supporter/member, please fill out the following information:

**Make check payable and send with membership form to:
ECSU NAA Atlanta Metro Alumni Chapter**

Name:	
Address:	
City, State Zip:	
Home Phone:	
Cell Phone:	
Email:	
Career/Occupation:	
Company Affiliation:	
Company Website:	

Additional Information:

Year(s) Attended: _____

Major(s): _____

Year(s) Graduated: _____

Friend of ECSU: _____

Mark all that apply, I am interested in:

___ Fundraising

___ Membership Recruitment

___ Chapter Operations

___ Public Relations

___ Social

___ HS College Fair

___ Scholarship

___ Tailgating

___ Campus Visitation

___ Community Service

___ Sporting Events

___ Other _____

Membership Dues: (Valid Jan 1 – Dec 31)

Local Dues: \$ 35.00

Enter amount: \$ _____

National Dues: \$ 30.00

Enter amount: \$ _____

Total: \$ _____

For Chapter Purposes Only:

Date Sent to National:

Check #:

THANKS FOR YOUR SUPPORT!

Referred By: _____