

## MSUCOM Alumni Association Membership Form

*\* Indicates a required field*

\*First name: \_\_\_\_\_ Middle Initial \_\_\_ \*Last Name \_\_\_\_\_

\*Graduation year: \_\_\_\_\_

Spouse's name (first and last): \_\_\_\_\_

Current Address:

\*Address: \_\_\_\_\_ Apt./Suite number: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name at Graduation (if different): \_\_\_\_\_

If you prefer a second constituent alumni association in addition to COM, please list here:

\_\_\_\_\_

Annual membership - \$45

Life membership - \$700

Check enclosed (make payable to Michigan State University)

Visa

Mastercard

Discover

Card number: \_\_\_\_\_ Exp. date (month/year): \_\_\_\_\_

\_\_\_\_\_  
Signature

Please send this form with payment to:

Office of Alumni Programs  
A310 East Fee Hall  
MSUCOM  
East Lansing, MI 48824-1316