

MEMBERSHIP APPLICATION



**Utica National Alumni Association
P.O. Box 734
Jackson, MS 39205-0734**

Name: _____
 Last First M.I. Maiden

Address: _____
 Street or Post Office Box City/State Zip

Email Address: _____

Class of: High School (Year) _____
 College (Year) _____

Telephone Number(s): Home _____
 Cell _____
 Work _____

\$ _____ Local and National Dues (Enter the amount)

\$ _____ Honorary Member/Friend of Alumni

\$ _____ Lifetime Member

\$ _____ Scholarship Donation

TOTAL AMOUNT ENCLOSED: \$ _____

Dues: Local and National Dues - \$50/Year

Lifetime Member - \$500

Honorary Member/Friend of Alumni - \$50

Please make check payable to Utica National Alumni Association and mail completed application and check or money order to the address above. No Cash Please.