



SOUTHERN UNIVERSITY ALUMNI FEDERATION ATLANTA CHAPTER

P.O. BOX 310629
Atlanta, GA 31131

MEMBERSHIP MATTERS

MEMBER INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Years Attended: _____ Major/Degree: _____ Which Campus: _____

Are you new member? YES NO Is this a name, address, phone or email change? YES NO

Are you a National Annual Member? YES NO Are you a National Subscribing Life Member? YES NO

Are you a National Life Member? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____