DATE: _____

Southern University Alumni Federation Lake Charles Chapter



*Please print all information.

P.O. Box 636

	Lake Charle	s, LA 70602		
Name		Class \	Year Degr	ree
Major	Address			
City	State	Zip Code		
Cell Phone	Home Phone	Birt	chday (month/day) _	
E-Mail Address	Оссир	ation/Employer_		
Annual Local Membership dues: Sometings are held on the 1st Tue via email and on GroupMe. Payments to: sulakecharle	sday of the month at !	5:30 pm. Meeting	g notifications and lo	cations are sent
with this completed form.				
REGULAR. Members who a System (SUS) at any of its of	-	ed one (1) semes		
BOOSTER. Members who campus, or with the alum	-	-	-	onship with the
I am a Life Member (Life r	nembership does not i	nclude local Char	oter dues.)	
I am a Veteran of the US_		·		
I would like to be notified	of local HBCU activitie	s and events.		
*Please select at least two (2) co interest in servicing.	COMM mmittees you would li		at align with your tal	ents and skills, or
Bylaws	Finance/	Budget	НВСИ	
Communications	Founder'	s Day	High School Re	lations
Community Service/Outre	ach Fundrais	ng	Logistics	Scholarship
Courtesy	Freshme	n Send-Off	Membership	Young Jags
Dues received by		Da	ate	