



Coastal Carolina University Alumni Association Membership Application

The following information is for use by Coastal Carolina University's Office of Alumni Relations. Please complete this form and forward it to Jean Ann Brakefield, Director of Alumni Relations at the address listed below. If additional space is needed, please use the back of this form or attach an additional sheet of paper.

Date _____

Full name _____ Maiden name _____

Home address _____

City _____ State _____ Zip code _____

Telephone: Home (_____) _____ Work (_____) _____

Cell (_____) _____ Fax (_____) _____

Preferred e-mail _____

Year graduated _____ Major _____

Gender: Male Female Race _____

(Required by the accrediting agencies for the colleges of business administration and education.)

Employer/Occupation _____

Work address _____

City _____ State _____ Zip code _____

Additional education _____

Spouse name (if applicable) _____

Is spouse a Coastal Alumni? Yes No If yes, year of graduation _____

Thank you very much for your continued support and application for membership to join the Coastal Carolina University Alumni Association.

Amount of donation \$ _____ (\$25 minimum donation required for membership)

Method of payment:

Cash Check # _____ Please make check payable to Coastal Carolina University.

Credit card: Visa MasterCard

Account number _____ Expiration date _____

Cardholder's address _____

City _____ State _____ Zip code _____

Cardholder's name (Please print) _____

Cardholder's signature _____

(FOR OFFICE USE ONLY) MC - Date sent _____ by _____ ; Expiration date _____ • AL - Date sent _____ by _____

Coastal Carolina University Alumni Association