SOUTHERN UNIVERSITY AT NEW ORLEANS ALUMNI ASSOCIATION



Wonda Crawford, President Melinda Tyler, 1st Vice President Elise Russell, 2nd Vice President Dr. Brenda Jackson, Treasurer Sharon Worthy, Recording Secretary Tiara Washington-Konate, Corresponding Secretary Lynn Crawford, Financial Secretary Shirley Simon, Parliamentarian Edward Robinson, Sergeant-At-Arms Dr. Elizabeth Bridges, Chaplain

2019~2021 Membership Application

SOUTHERN UNIVERSITY AT NEW ORLEANS ALUMNI ASSOCIATION



Wonda Crawford, President Melinda Tyler, 1st Vice President Elise Russell, 2nd Vice President Dr. Brenda Jackson, Treasurer Sharon Worthy, Recording Secretary Tiara Washington-Konate, Corresponding Secretary Lynn Crawford, Financial Secretary Shirley Simon, Parliamentarian Edward Robinson, Sergeant-At-Arms Dr. Elizabeth Bridges, Chaplain

2019~2021 Membership Application

Membership Application

(Please print)

Name:		
Mailing Address:		
City, State, Zip:		
Email Address:		
Home #:Mobile #:		
SUNO Undergraduate Degree/Major:		
Year of Graduate:		
SUNO Graduate Degree/Major:		
Year of Graduation:		
Additional Degree(s):		
If Employed, Place of Employment:		
Job Title:		
Membership Types – Select One:		
🗖 Regular \$100.00 (Annual Fee)		
□Supporting \$50.00 (Annual Fee)		
□Life \$250.00 (One-Time fee)		
I did not attend SUNO, But I want to contribute		
\$to support the SUNO Alumni Association		
Please make check payable to: SUNO Alumni Association		
SignatureDate		
MAIL TO:		
The SUNO Alumni Association ATTN: Alumni Treasurer 6400 Press Drive		

(215 E. W. Bashful Administration Bldg.)

New Orleans, LA 70126

Membership Application

(Please print)

Name [.]		
	Address:	
U		
-	te, Zip:	
Email Ac	ldress:	
Home #:	Mobile #:	
SUNO Ur	ndergraduate Degree/Major:	
Year of C	Graduate:	
SUNO Graduate Degree/Major:		
Year of C	Graduation:	
Addition	al Degree(s):	
If Emplo	oyed, Place of Employment:	
Job Title:		
Membership Types – Select One:		
ſ	🕽 Regular \$100.00 (Annual Fee)	
ſ	Supporting \$50.00 (Annual Fee)	
ſ	Life \$250.00 (One-Time fee)	
C	I did not attend SUNO, But I want to contribute	
4	5 to support the SUNO Alumni Association	
I	Please make check payable to: SUNO Alumni Association	
Signatur	eDate	
MAIL TO:		
	The CUNO Alumni Association	

The SUNO Alumni Association **ATTN: Alumni Treasurer** 6400 Press Drive (215 E. W. Bashful Administration Bldg.) New Orleans, LA 70126