



The NCCU Charlotte Alumni Association Membership Information Form

Personal Information

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

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Date of Birth: _____

Primary Email: _____

Graduation Date or Years Attended: _____ Degree(s): _____

Affiliations

Athletics: _____ Band: _____

Club(s): _____ Club(s): _____

Greek Lettered Organization: _____ Student Government: _____

Indicate Your Areas of Interest

Chapter Membership: _____ Public Relations: _____

Community Service: _____ Scholarships: _____

Fundraising: _____ Social Activities: _____

Health & Wellness: _____ Student Outreach: _____

Other: _____ NCCU Parent? _____

Membership Level

Local Level (\$40) : _____ Maroon & Gray (\$90): _____

Eagle Level (\$130) _____ Shepard Level (\$175): _____

T-Shirt Size: _____