

UK AG & HES ALUMNI ASSOCIATION MEMBERSHIP FORM

Please complete the following form and mail with payment. Thank you!

Name: _____ Grad Year: _____

Spouse Name: _____ Grad Year: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Cell: _____ Fax: _____

Email: _____ Spouse Email: _____

This is a: New Membership Membership Renewal

Membership Type (please select):

- | | |
|---|--|
| <input type="checkbox"/> 2016 Lifetime Graduate Lifetime Membership \$150.00 -- RECENT GRAD SPECIAL | |
| <input type="checkbox"/> One Year Membership \$15.00 | <input type="checkbox"/> One Year Membership (\$15.00) + Spouse (\$7.00) \$22.00 |
| <input type="checkbox"/> Lifetime Membership \$200.00 | <input type="checkbox"/> Lifetime Membership (\$200) + Spouse (\$155) \$355.00 |
| <input type="checkbox"/> Lifetime Partial Payment Membership \$80.00
(\$80.00/year over three years = \$240.00) | <input type="checkbox"/> Spouse Lifetime Partial Payment Membership \$60.00
(\$60.00/year over 3 years = \$180.00) |

Gift Donation: I would like to donate \$ _____ toward the area of _____

Payment Method (please select):

- Checks payable to: Ag & HES Alumni Association
 Credit Card: Visa MC Discover AMEX

Name (as it appears on the card): _____

Credit Card No.: _____

Billing Zip Code: _____ Exp. Date: ____ / ____ CVV Code: _____

Signature: _____ ***\$4.00 processing fee**

Send this form with payment to:
Ag & HES Alumni Association
P.O. Box 21925
Lexington, KY 40522-1925

 College of Agriculture,
Food and Environment



#wegrowalumni