

Membership Application

Dr. Mr. Mrs. Ms. Mr. & Mrs.

Other _____

Name: _____
(Please print clearly, as to appear on the membership card)

Additional Names:

Address _____

City _____

State _____

Zip _____

Telephone _____

E-mail _____

Membership Type

New Renewal Gift

Level

Student/Faculty/Staff/Senior \$35
 Individual \$50
 Family \$75

Associate \$100
 Corporate \$500
 Benefactor \$1,000
(and above)

Additional Contribution to Support Student Awards
in the amount of \$ _____

Total Amount Enclosed \$ _____

Payment Options

Check—Please make check payable to Foundation for CSUSB

Credit Card

Visa MasterCard American Express

Number _____

Exp. Date _____

Name (as it appears on the card) _____

Signature _____