



CAL STATE SAN BERNARDINO

Membership Application

Name: _____

Additional Names: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

E-mail: _____

Membership Type

- New
- Renewal
- Gift

Level

- Student/Faculty/Staff/Senior \$35
- Associate \$150
- Individual \$50
- Corporate \$500
- Family \$75
- Benefactor \$1000

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

Card Number _____ Exp. Date _____

Name (as it appears on the card) _____

Signature _____