



AUBURN

ALUMNI ASSOCIATION

Columbia Midlands Auburn Club 2009/2010 Membership Application

Thank you for your interest in the Columbia Midlands Auburn Club. Please complete the form below and mail to the address listed at the bottom of the page.

Membership Type: Single (\$25) Family (\$40)

Scholarship Fund Donation (optional): \$ _____

Name: _____ (_____)
First Last Maiden Name if Applicable

Address: _____
Street
_____ City State Zip

Graduation Year: _____ Auburn Alumni Association Member? Yes No

Preferred Phone Number: (_____) _____

Preferred Email Address: _____

If you are joining as a family membership, please provide your family's information below.

Spouse's Name _____
First Last

Auburn Graduate? Yes No If yes, what year: _____

Children's Names & Ages:

I am interested in volunteering on the leadership team or a committee _____

Mail this form and payment to: Columbia Midlands Auburn Club
PO Box 12442
Columbia, SC 29211