

**THE NATIONAL ALUMNI ASSOCIATION
OF SHAW UNIVERSITY, INC.**

P.O. Box 27036, Raleigh, NC 27611

www.shawunaa.com

**Membership Application
2016-2017**

Name: _____

Address: _____

City/State/Zip _____

Phone: _____ Cell _____

Email: _____

Graduation Date: _____ Birthdate _____ / _____ Local Chapter: _____

Member Type and Dues

New Member Renewing Member Associate Member

Regular National Dues (\$50.00)

Lifetime Membership (\$1000)

(Dues may be paid in five consecutive installment payments)

Year 1 (\$300) Year 2 (\$175) Year 3 (\$175)

Year 4 (\$175) Year 5 (\$175)

Membership is Valid July 1st through June 30th and Renewable Annually

Please mail check and application to:

NAASU-National Alumni Association of Shaw University

Post Office Box 27036

Raleigh, North Carolina 27611-8921

(Please do not send it to the University Alumni Relations Office)

Office Use Only

Amount Received: _____ Check Number: _____ Cash _____

Money Order Number: _____ Credit Card: _____ Date: _____

Thank you for your support!