



Southern Arkansas University™ Alumni Membership Form - **Renewal**

Return with check or credit card information payable to SAU Alumni Association

Name: _____ Maiden Name (if applicable) _____
Degree/Major: _____ Year: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Occupation/Title: _____ Birthday: _____
Employer: _____ Business Address: _____
Phone: _____ Email: _____

Spouse: (if applicable)

Name: _____ Maiden Name (if applicable) _____
Degree/Major: _____ Year: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Occupation/Title: _____ Birthday: _____
Employer: _____ Business Address: _____
Phone: _____ Email: _____

Children: (if applicable)

Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

Income:

- ☐ \$20,000 and below
☐ \$20,000 - \$29,999
☐ \$30,000 - \$39,999
☐ \$40,000 and above

Membership Dues:

- ☐ \$25 - Single ☐ \$350 - Single Lifetime Membership
☐ \$35 - Couple ☐ \$500 - Couple Lifetime Membership

*A Golden Mulerider is an SAU Graduate
or Former Student of 50 years or more.*

- ☐ \$10 - Golden Rider (Single) ☐ \$35 - Nursing Alumni
☐ \$20 - Golden Rider (Couple) \$_____ - Alumni Pavilion

Additional contribution \$ _____

Designated to: _____

Scholarship fund: _____

Signature: _____

Credit/Debit Payment Info: (if applicable)

Credit/debit card type:

- ☐ Visa ☐ Mastercard
☐ Discover ☐ American Express

Card #: _____

Security Code: _____

Expiration Date: _____

Name on Card: _____

Signature: _____



Alumni Relations
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