

Your Information

Name _____ Class year (if applicable) _____
Address _____
Phone _____ Email _____
Employer _____ Job Title _____
Business Address _____
Business Phone _____ Business Email _____

Spouse Information

Name _____ Class year (if applicable) _____
Address _____
Phone _____ Email _____
Employer _____ Job Title _____
Business Address _____
Business Phone _____ Business Email _____

Alumni Association Annual Dues

- Single** \$35 **Single Lifetime** \$750
 Joint \$50 **Joint Lifetime** \$1000

Method of Payment

- Charge my credit card:** Visa MC AmExp Discover

Card no. _____

Name on card _____

Expiration date _____ Security code _____

Billing address: Same as shown above, or:

- Check enclosed** made payable to *Louisiana Tech Alumni Association*

Please Return to

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