



**Wilberforce University Alumni Association**  
**National Dues, Life and Platinum Membership**  
**Application**

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**Please Print**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Chapter Affiliation: \_\_\_\_\_ Class/Year Attended /Friend: \_\_\_\_\_

- Check One:    [    ] \$50 per year (January 1- December 31)  
                  [    ] \$750 Life Membership  
                  [    ] \$150 installment toward Life Membership payable within five years  
                  [    ] \$1000 Platinum Membership  
                  [    ] \$250 Platinum Life Membership (for those who are Life Members)  
                  [    ] \$125 installment toward Platinum Membership payable within two years

Make check payable to **Wilberforce University Alumni Association** or **WUAA**

and mail to:

**WUAA**  
**PO Box 370**  
**Wilberforce, OH 45384-0370**