



MEMBERSHIP FORM

PERSONAL INFORMATION

Name: _____
(Last) (First) (MI) (Maiden)

Class Year: _____ Membership ID #: _____

Street Address: _____

(City) (State) (Zip)

Phone Number: (_____) _____

E-mail Address: _____

SPOUSE INFORMATION *(if Joint Membership)*

Name: _____
(Last) (First) (MI) (Maiden)

Class Year: _____ Membership ID #: _____

Why are you joining/renewing today?

- | | |
|---|---|
| <input type="checkbox"/> Have not been a member; ready to reconnect (N) | <input type="checkbox"/> Auburn Club Meeting (CLUBS) |
| <input type="checkbox"/> I received a crossword puzzle in the mail (3) | <input type="checkbox"/> I received an "I Get All This" piece in the mail (Allthis) |
| <input type="checkbox"/> I received a bill in the mail (1) | <input type="checkbox"/> I received an e-mail renewal notice from staff (EM) |
| <input type="checkbox"/> I received a mailer on the magazine (MR) | <input type="checkbox"/> I received a recent grad invite |
| <input type="checkbox"/> I received a magazine at AU Faculty/Staff orientation (AUFS) | <input type="checkbox"/> I received a recent grad email |
| <input type="checkbox"/> I received address labels in the mail (65rate) | <input type="checkbox"/> I received an "AU is going green" bill |
| <input type="checkbox"/> Staff E-mail | |
| <input type="checkbox"/> Other: _____ | |



AUTHORIZATION AGREEMENT FOR DIRECT BANK WITHDRAWALS (ACH)

I (we) hereby authorize Auburn Alumni Association to initiate debit entries to my (our)

(select one) **Checking Account** **Savings Account**

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. Law.

I hereby authorize the Auburn Alumni Association to initiate debit entries according to the following payment plan beginning immediately.

(Select One)

Individual

Life Installments: \$65 per month for 10 months

Joint

Life Installments: \$97.50 per month for 10 months

Depository

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing

Number: _____ Account

(9 digits)

Number: _____

***Please submit a copy of a voided check with the authorization agreement.**

This authorization is to remain in full force until the membership has been paid in full or until the Auburn Alumni Association has received written notification from me (or either of us) of its termination in such manner as to afford the Auburn Alumni Association and DEPOSITORY a reasonable opportunity to act on it.

Signature _____
(Required in order to establish Automatic Debit Payments)

Date: _____

Please complete and return with your membership form to:

Auburn Alumni Association
Attn: Alumni Accounting
317 S. College St.
Auburn, AL 36849

Questions? Please contact us!

Auburn Alumni Association
Membership Desk
334-844-2960