ALUMNI ASSOCIATION

SEMINOLE CLUB DOOR PRIZE & INVOLVEMENT INTEREST

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

☐ Home ☐ Cell ☐ Work

Email: _____

Are you a Florida State University graduate? YES / NO
If yes, please note your degree(s) and year(s):

_____

Are you a current FSUAA member? YES / NO

I WOULD LIKE TO GET INVOLVED WITH:

- ☐ Club Scholarships
- ☐ Special Events
- ☐ Young Alumni Events
- ☐ Sponsorship Opportunities
- ☐ Business Networking
- ☐ Community Service
- ☐ Club Board/Officers
- ☐ Club Volunteer Opportunities

PLEASE SEND ME INFORMATION ON:

- ☐ FSUAA Membership
- ☐ Ways To Give To FSUAA
- ☐ Alumni Networks
- ☐ Advocacy For FSU
- ☐ Other: _____

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