

University of Louisville Alumni Club of Greater St. Louis

Membership / Renewal Application

Please enroll me or renew my membership in the UofL Alumni Club of Greater St. Louis through August 31, 2011.

Member First Name _____ Last Name _____

Co-member First Name _____ Last Name _____

Mailing Address _____

City _____ ST _____ Zip _____

Day Phone _____ Evening Phone _____ E-mail address _____

UofL degree(s), School, Year – Member _____

UofL degree(s), School, Year – Co-member _____

Did not attend UofL, but a friend and enthusiastic supporter

Would you like to help the Committee with Events? Yes No

If so, what skills would you like to offer? _____

Would you like to be listed on our Website as a Member of the Club? Yes No.

If so, please check the information you would like us to list on the Website:

Name Evening Phone E-mail address Graduation Year School Maiden Name _____

Please check one

\$10 New Graduate (Class of 2004 or later)

\$25 Single Membership or renewal

\$35 Family Membership or renewal

Included is an additional amount of \$ _____ for the Scholarship Fund.

Please make checks payable to: **University of Louisville Alumni Club of Greater St. Louis**

Mail to: University of Louisville Alumni Club of Greater St. Louis

c/o Kathryn Trimarke

4 The Pines Ct, Suite F

St. Louis, MO , MO 63141

Member's signature _____ Date _____

TM



Thank you and GO CARDS!