



**HUAA**  
Howard University  
Alumni Association

Howard University Alumni Club of Atlanta

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HUAC ATLANTA ID# 1867 - \_\_\_\_\_

## **PREFERRED MEMBERS PROGRAM ENROLLMENT APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Main Phone \_\_\_\_\_ Greek Letter Affiliation \_\_\_\_\_

E-mail \_\_\_\_\_ Major/Minor \_\_\_\_\_

School/College(s) \_\_\_\_\_ Year(s): \_\_\_\_\_

Birthday \_\_\_\_\_ Spouse(Yr) \_\_\_\_\_ Children \_\_\_\_\_

Profession \_\_\_\_\_ Position \_\_\_\_\_

Social Networking  Facebook  Linked IN  Bison Round Up  Twitter @ \_\_\_\_\_

### **HUAC ATLANTA PREFERRED MEMBERSHIP LEVELS**

- \*One-Year Membership \$70**     **\*\*New Graduate \$25**  
 (Please Check One)

\*Membership includes HUAC Atlanta and Howard University Alumni Association (HUAA) fees  
 \*\* The HUAA fee is waived for all graduates of the current class year

Yes, I would also like to make a donation to the HUAC ATLANTA Scholarship Fund? \$ \_\_\_\_\_

I am interested in volunteering for the following HUAC ATLANTA committee(s)

- |  |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Activities        | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Membership  | <input type="checkbox"/> Scholarship |

### **PAYMENT INFORMATION/CREDIT CARD AUTHORIZATION**

**Amount Enclosed**

\$ \_\_\_\_\_

- Cash     Check     Money Order     Credit Card

Please make checks or money orders payable and mail to **HUAC ATLANTA**  
**P.O. Box 54177, Atlanta, GA 30308**

- |   |                                   |                                     |                               |
|---|-----------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Discover | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa |
|---|-----------------------------------|-------------------------------------|-------------------------------|

Account Number \_\_\_\_\_ CVC \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_