

Nicholls State University
College of Education Alumni Association Membership Application
2010-2011

Name: _____

Year of Graduation & Major: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Occupation/Job Title: _____

Employer: _____

Work Phone: _____ Fax: _____

E-mail Address: _____

Membership Dues: \$10.00

Donations Accepted: \$5____ \$10____ \$20____ \$50____ \$100____ Other____

Mail Completed Form to:

College of Education
Nicholls State University
Dean's Office
P.O. Box 2053
Thibodaux, LA 70310

Please make checks payable to COE Alumni Association

Please share this membership application with other College of Education Alumni or you may provide any additional contact information of other Alumnus so we may contact them for their membership and support.

Thank you very much for your support.