

**Nicholls State University  
College of Education Alumni Association Membership Application  
2007**

**Name:** \_\_\_\_\_

**Year of Graduation and Major:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Occupation Job/Title:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Membership Dues - \$10.00**

**Donations Accepted:** \_\_\_ \$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**

**Make checks payable to COE Alumni Association**

**Please share this membership application with other College of Education alumni or send us their contact information, so that we can get in touch with them.**

**Thank you very much for your support.**