

**Nicholls State University**  
**College of Education Alumni Association Membership Application**  
**2008-2009**

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.**