

**Alumni & Friends Association
Membership Application**

Name: _____

Address: _____ Phone#: _____

City: _____ St: _____ Zip: _____

Employer: _____

City: _____ St: _____ Zip: _____

PCCUA Degree: _____

Graduation year: _____ Spouse Name: _____

Campus: (circle one) DeWitt Helena Stuttgart E-mail: _____

Please indicate level of membership you want to join:

Individual membership	_____	\$15
Joint (Couple) membership	_____	\$25

Your donation is tax-deductible.

Please make check payable to PCC Foundation and return to:
PCCUA Alumni & Friends Association
PO Box 785
Helena, AR 72342

If you have questions or need further information, please contact Rhonda St. Columbia at (870) 338-6474, extension 1130.



For Office Use Only:
Date Received: _____ Amount: _____ Expiration Date: _____