



ALUMNI (Graduate) MEMBERSHIP CONTRACT

PLEASE PRINT

Last Name _____ First Name _____ MI _____ Date: _____

Address _____ City _____ ST _____ Zip _____

(____) _____

Home/Cell Phone _____ Email _____ UIN _____

Male Female

Emergency Contact:

Name: _____ Relationship: _____ Phone #: _____

TYPE OF MEMBERSHIP:

ALUMNI/GRADUATE

\$150 for Spring or Fall Semester / \$75 for Summer

I agree to comply with the policies and procedures set forth by the Recreational Sports Department, Tarleton State University, and The Texas A&M University System. I agree to provide the information requested above, including a current Tarleton Alumni Association membership, and proof that I graduated from Tarleton State University. I understand that by signing this contract, it cannot be cancelled until the end of the contract period and that no refunds or pro-rating will be given for any reason.

Signature **Date**

Privacy Notice: State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIPT No.: _____

TOTAL MEMBERSHIP PAID: \$ _____ PAYMENT TYPE: CASH

SEMESTER(S): FALL-\$150.00 (August – December) CHECK: # _____

SPRING-\$150.00 (January – May)

SUMMER-\$75.00 (June – July)

TARLETON ALUMNI ASSOCIATION MEMBER

GRADUATE OF TARLETON STATE UNIVERSITY

CS GOLD FLAG SPREADSHEET

PROCESSED BY: _____

DATE PROCESSED: _____