



WILEY COLLEGE NATIONAL ALUMNI ASSOCIATION, INC.

LIFE MEMBERSHIP APPLICATION

Year

Mr./Ms.

Last Name

First Name and Middle Initial

Maiden Name

Jr./Sr.

Address

City, State, Zip Code

Telephone Number

E-Mail Address

WCNAA Club

Associate

Grad Year

Degree

Major

Greek Affiliation

LIFE MEMBERSHIP
OPTIONS

Enroll me in Wiley College National Alumni Association, Inc. for the **\$750.00** option. I am enclosing a check/money order for **\$750.00** payable to **WCNAA-Life Membership**.

Enroll me in the plan for Life Membership in the Wiley College National Alumni Association, Inc. for **\$750.00**. I am enclosing a check/money order for \$_____ payable to **WCNAA-Life Membership** for my initial payment. I will pay the balance within the next three (3) years. **NOTE:** If not paid within 3 years from the initial payment date, there will be no refund.

SIGNATURE _____

DATE _____

Receipt No.

Amount

Date

CLUB INFO. DATE

Check No.

Amount

Date

DATA FILE DATE

ALUMNI RELATIONS DATE

MAIL TO
WCNAA, INC.
FINANCIAL SECRETARY
P.O. BOX 419
MARSHALL, TEXAS 75671-0419