



LIFE MEMBERSHIP Application

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mr./Ms.

Last Name

First Name and Middle Initial

Maiden

Jr./Sr.

Address

City, State, Zip Code

Telephone Number

E-mail Address

WCNAA Club

Associate

Wiley College Alumni Information

Greek Affiliation

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Year

Degree

Major

- 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 initial payment date there will be no refund.**

NOTE: ABOVE OPTIONS ARE EFFECTIVE APRIL 1, 2020.

Signature _____ Date ____ / ____ / ____

**Mail to: WCNAA, Inc.
Financial Secretary
P.O. Box 419
Marshall, Texas 75671-0419**

If you have any questions, call the Director for Membership, Marvin L. Taylor at (318) 572-4629.

RECEIPT NO.	AMOUNT	DATE / /	CHECK NO.	AMOUNT	DATE / /
Life Membership Pin	Club Information	Master Data File	Office of Alumni Relations		
DATE / /	DATE / /	DATE / /	DATE / /		