

2019-2020 WSCC ALUMNI ASSOCIATION MEMBERSHIP

Name:	
Address:	
City, State, Zip:	
Phone:	
Email Address:	
Birthday:	
Alumni Membership (Options: (Choose one)
\$20 Student Mei	mbership (Current Students or WaLLi Members)
\$30 Regular Mer	nbership
\$250 Lifetime M	embership
Alumni Membership (aift:
Please Circle Preferre	ed T-shirt Size
S M L XL 2XL Please Circle T-shirt (3XL Color: Light Blue or Coral
I prefer not to recei student scholarships	ve a shirt to allow more of my membership dues to benefit
one of these please indicate	ms or scholarship funds are also accepted. If you wish to donate an additional amount the program/scholarship name
and amount of additional do	

Return form and payment to WSCC Alumni Association
PO Box 568, Hanceville, AL 35077
or on campus
James Bailey Center, 11th Floor, Room 1101