

Apollos University Alumni Association Membership Form

Become a member of the Apollos Alumni Association 501c(3) Non-Profit organization and enjoy the benefits of membership including networking opportunities, Alumni community engagement and news, access to organizational support and funding opportunities, and so much more. Simply select your membership preference below and send a check or money order to:

Apollos University Alumni Association Attn: Membership 600 Central Ave. Suite 215 Great Falls, MT 59401

Please Select one of the Following

	1 Year Membership	Ś	25		
	3 Years Membership		5 Savings)		
\square	5 Years Membership		5 Savings)		
	Lifetime Membership	\$250			
				p Dues Enclosed	\$
Please consider a tax-deductible donation:			Donation A	mount Enclosed	\$
			Total Amou	nt Enclosed	\$
Memb	er Info:				
Title: Family/Surname: Given/First Name:					
Name at time of graduation (if different from above):					
DOB (DD/MM/YY: Gender:					
Home Phone: Mobile			ile Phone:		
Email:					
Mailing /	Address:				
<u>City:</u>	State:		Zip c	Zip code/Postal Code:	
Country:					
Program(s) Completed:			Date	(s) of Graduation:	
Current Employer:			Current Position		
Interested in volunteering and/or serving on the leadership board? Yes 🛛 Yes					
*Make checks and money orders payable to: Apollos University Alumni Association, Inc.					
*Please note, your information will be used by the Alumni Association for assessment and communication purposes only. Your information will never be shared with third parties without your consent. *Have Questions? Email <u>info@apollos.edu</u>					