

TEXAS STATE[®]

FAMILY ASSOCIATION

Your Connection to Campus

Member Information: Please print clearly

Primary Member Name _____ Relationship to Student _____

Are you a Texas State Graduate? Yes No Maiden Name (If TXST Grad) _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Phone (_____) _____ Phone Type: Home Cell Work

Employer _____ Job Title _____

Email _____

Secondary Member Name _____ Relationship to Student _____

Is she/he a Texas State Graduate? Yes No Maiden Name (If TXST Grad) _____

Phone (_____) _____ Phone Type: Home Cell Work

Employer _____ Job Title _____

Email _____

Student's Full Name _____ Student's Birthday ____/____/____

Student's Classification: Freshman Sophomore Junior Senior Graduate Student

Membership Gift Options

Annual membership-\$50.00

4-Year Membership-\$200.00

Yes, I/we will join the Texas State University Family Association with a tax deductible membership gift of \$ _____

I wish to pay this gift in: Full 2 Monthly Installments 3 Monthly Installments 4 Monthly Installments

Installments will begin: Today (first payment enclosed) In the month of _____

This gift will be made in the form of: Cash Check (payable to Texas State University) Credit Card

Credit Card Type: VISA MC AMEX DISC

Card # _____ Exp. Date ____/____

Cardholder Name _____

Cardholder Signature _____ Date ____/____/____

Please mail to: Texas State Family Association / 601 University Drive, JCK 480 / San Marcos, TX 78666