

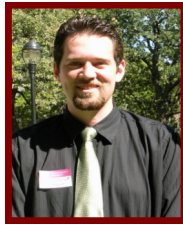
# TEXAS WOMAN'S UNIVERSITY

TRADITIONS



PRIDE

LOYALTY



FRIENDS FOR LIFE

## FORMER STUDENTS ASSOCIATION

Annual Membership: \$30.00

Life Membership: \$600.00

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_ Enclosed is my \$30 Annual Membership Dues

\_\_\_\_ I want to be a Life Member, enclosed is \$\_\_\_\_,  
bill me \$\_\_\_\_ monthly/quarterly

\_\_\_\_ Enclosed is a contribution of \$\_\_\_\_  
for \_\_\_\_\_

(Make checks payable to the **TWU Former Students Association**.  
Mail to POB 425795, Denton, TX 76204-5795)