SAVANNAH STATE UNIVERSITY
NATIONAL ALUMNI ASSOCIATION

MEMBERSHIP APPLICATION

Please complete and return your completed form and payment (if enclosed) to:
Savannah State University National Alumni Association, P.O. Box 22843, Savannah, GA 31403
OR join online at SSUNAA.COM

MEMBERSHIP INFORMATION   Date_____

Please indicate membership type: ☐ New   ☐ Renewal   ☐ Life Member   ☐ At Large Member   ☐ Associate

SSUNAA CHAPTERS

Albany

Alabama

Athens-Clark Co.

Atlanta Downtown

Atlanta Metro

Augusta

Baldwin Co.

Bainbridge

Burke Co.

Central/ Sun Coast Florida

Charlotte

Class of 1976

Dublin- Laurens Co

East Atlanta Suburban

Elbert-Hart-Franklin Co.

Fort Valley

Hampton Roads

Indianapolis

Jacksonville, FL

Jefferson Co.

Macon Metro

Raleigh/Durham

San Diego

Savannah

South Dekalb Perimeter

South Florida

Valdosta

Washington, DC

Membership Category:

☐ Annual Membership - $70
Available on a year-to-year basis, annual memberships are payable to the SSU National Alumni Association by June 30 for the year beginning July 1.

☐ Standard Life Membership - $1,000

☐ Subscribing Life Membership Payment - $1,000
Three annual payments - first - $375; 2nd - $325; final - $300

☐ Prestigious Life Membership - $1,500

☐ Diamond Life Membership - $2,500

☐ Associate Membership - $70
Non-Alumni who are supporters and friends of SSU are eligible for an annual membership.

☐ Complimentary One-Year Membership
SSU recent graduates (alumni who have graduated from SSU within a 12 month period from the date of this application) are eligible for a one time complimentary one-year membership ending in June or December (depending on Spring or Winter Commencement date).

SSUNAA Chapter Affiliation Desired: _____

Local Chapter Dues (if included with this form): $_____

PERSONAL INFORMATION

Name (First / MI / Last): _____ Maiden Name (if applicable): _____

Preferred Mailing Address: _____

City / Town: _____   State:_____   Zip Code: _____

Preferred Phone: _____   Phone Type:_____

Alternate Phone: _____   Phone Type:_____

Email Address: _____

Class Year (if applicable): _____   Years Attended (if applicable): _____

Job Title (if applicable): _____

Company (if applicable): _____

INVOLVEMENT

☐ I want to join a national committee. Please identify _____
☐ I want to help plan Homecoming / My Class Reunion
☐ I want to help with Fundraising
☐ I want to help recruit students to SSU

PAYMENT INFORMATION

Your Check Number: _____ *If paying by personal check, please make check payable to "SSUNAA"*

Local Membership dues enclosed with this form: $ _____

National Membership dues enclosed with this form: $ _____

Total amount enclosed with this form: $ _____