

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Phone:

Current address:

City:

State:

ZIP Code:

Troy Graduate or attendee?:

Years attended:

Year graduated:

Email Address:

SIGNATURES

I hereby attest that the information provided to the scholarship committee is true and accurate. I understand that fraudulent information will render my application invalid.

Signature of applicant:

Date:

****** ANNUAL MEMBERSHIP DUES \$35 ******

Return to: Membership Committee Chairperson Trojan
Tailgaters Chapter of Troy University
P.O. Box 381062
Birmingham, Alabama 35238