



**L**ANGSTON  
**U**NIVERSITY  
**N**ATIONAL  
**A**LUMNI  
**A**SSOCIATION, INC.

**LANGSTON UNIVERSITY  
 NATIONAL ALUMNI ASSOCIATION, INC. (LUNAA)**

P.O. BOX 910 \*\*\* Langston, Oklahoma 73050  
 (405) 466-2999 \*\*\*\*\* FAX (405) 466-2914

**MEMBERSHIP DUES FORM**

YEAR \_\_\_\_\_

DATE \_\_\_\_\_

REGION \_\_\_\_\_ CHAPTER NAME : \_\_\_\_\_

TELEPHONE NUMBERS: HOME ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL # \_\_\_\_\_

**MEMBERSHIP TYPES:** (Please check one) Regular \$50.00 Heritage Life \$600.00 Life Pledge\* Associate \$50  
 \*(Life pledge membership has a one year limit from the date of pledge. If not paid in one year, the Alumnus will have default on pledge, unless the total amount is paid at once.)

MEMBER # \_\_\_\_\_

NAME \_\_\_\_\_ Maiden \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NATIONAL DUES \$ \_\_\_\_\_

LOCAL DUES \$ \_\_\_\_\_

OTHER\* \$ \_\_\_\_\_ \*Specify \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

*Thank You!*

**Credit Card Payment  
 (American Express, MasterCard, VISA)**

Name of credit card		
Address		
City	St	Zip
Credit card #	Expiration date	
Signature		