



**LIFE MEMBERSHIP APPLICATION
NATIONAL ALUMNI ASSOCIATION
PHILANDER SMITH COLLEGE, INC. (NAAPSC)**

(Please type or print clearly)

Date: _____

Applicant's Full Name: _____

Applicant's (Birth Month): _____ (Birth Date): _____

Applicant's Current Street Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Applicant's Graduation: Month _____ Date _____ Year _____

Applicants Graduate Chapter Affiliation: _____

Email Address: _____

Please select the Payment Method below: Initial Payment of **\$250.00**

_____ Payment in Full \$1,000.00 This Payment amount \$ _____

_____ Extended Payment Plan Desired: One Year Two Years Three Years

Check Made Payable to: NAAPSC, INC.

**Application and Payment Mailed to Attention: Mrs. Joannette S. Payne
NAAPSC, INC.
P.O. Box 310003
Houston, TX 77231-0003**

***** INTEROFFICE USE ONLY *****

Application Received _____ Life Membership Eligibility Verified _____
(Date)

Certificate Issued _____ Life Membership Card # _____
(Date)

Certificate and Membership Card Mailed: First Class _____ Certified _____ Other _____

Annual Fee Due to National Association \$ _____

[Original Form should be sent] Attn: Herman L. Davis, Chairman Life Membership Committee,
405 Park Drive, Glenwood, IL. 60425, phone number (708) 288-7588