Spingarn Alumni Association, Inc.
P.O . Box 31173 * Washington, D.C. 20030-1173
Membership Application / Renewal / Donation Form

Date_____ ☐ New ☐ Renewal

Name_____

Last First Middle Maiden

Address_____

City State Zip Code_____

Home Phone_____ Office Phone_____

Cell Phone:_____ Fax:_____

Birthday_____

Month Date Year

Email Address_____

If former student, what is your graduating class?_____

If former faculty, what year(s) did you serve?_____

Spingarn Alumnus or Friend of Spingarn:

One year ($40)..... $_____

Two years ($65)..... $_____

Three years ($90) ..... $_____

Spingarn Alumnus or Friend of Spingarn and Spouse:

Spouse's name and birthdate:_____

Spouse's graduating year: (if Spingarn alumnus)_____

Spouse's email address: _____

One year ($60)..... $_____

Two years ($110)..... $_____

Three years ($155) ..... $_____

Currently Enrolled Student:

One year ($10)..... $_____

Four years ($30) ..... $_____

Donations:

Dr. Purvis J. Williams Scholarship..... $_____

SAA General Scholarship ..... $_____

***Total Remittance*..... $**_____