MEMBERSHIP APPLICATION

Name:_____
Last **First** **M.I.** **Maiden**

Address:_____
Street or Post Office Box **City/State** **Zip**

Email Address: _____

Telephone Number(s) Home _____ **Cell** _____

Class of:	Membership Dues Type:
_____ Hinds Agricultural High School	_____ Local and National ($35.00)
_____ Utica Junior College	_____ Lifetime Member ($500.00)
_____ Hinds – Utica Campus	_____ Associate Member ($35.00)
	_____ Scholarship Donation

Total Amount Enclosed: $_____

Payment may be made by check, money order, or online payment via
Paypal – @uticanaa or Cashapp $uticanaa
(Dues paid online will have an administration fee included in the price.)

Please make **check payable to Utica National Alumni Association** and **mail** completed application and check or money order to **P.O. Box 215, Utica, MS 39175 No Cash Please**.

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Organization Use Only:

Date Received _____ **Received by** _____

Check # _____ **Amt $**_____ **Type of Membership**_____

Cash Payment $_____

Online Payment _____ **Membership Year** _____

_____ **Paypal** _____**CashApp** **Membership Expiration**_____