



# URBANA ALUMNI ASSOCIATION

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## MEMBERSHIP FORM

**YES** — I want to be a proud member of the Urbana Alumni Association.

Name \_\_\_\_\_

Address \_\_\_\_\_

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Enclosed are my annual membership dues of \$25.00

I want to do even more. Enclosed is my check for \$\_\_\_\_\_

**Your donation is tax deductible.**

**Please mail your check and this form to:**

Urbana Alumni Association

P.O. Box 355

Urbana, IL 61803