



ROLL TIDE AUGUSTA
ALUMNI CHAPTER
THE UNIVERSITY of *A*labama

Membership Application

Yes, I would like to become a MEMBER of the **Roll Tide Augusta chapter:**

Name: _____ () \$25 Individual

Name: _____ () \$40 Family

Address: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

I am interested in volunteering in the **Roll Tide Augusta chapter. Please contact me.**

I am interested in becoming a chapter officer: _____

I am interested in becoming a committee chair: _____

I would like to volunteer for the following committee(s):

- () Student Recruitment () Publicity () Scholarship () Hospitality
() Membership () Special Events () Other: _____

Please mail to:

Roll Tide Augusta Alumni Chapter

PO Box 3023

Evans, GA 30809