

**Founded Dec. 10, 1999** 

## SWAC ALUMNI ASSOCIATION MEMBERSHIP APPLICATION

Full Name:	Nickname:		
Mailing Address:			
City:			
State: Zip Co	de:		
Phone: Home ()	_ Work ()	Cell ()	
The Best Time To Reach Me: At Homo	e am / pm	At Work	am / pm
Fax Number: () l	E-Mail Address:		
Alma Mater:		_Graduation Year: _	
Major:	Degree(s) Earned:		
Sport(s) Played or Position Held (examp	ole: assistant coach, faculty r	epresentative, athleti	c trainer , etc):
Honors Won, Key Statistics, Records Set	t, Etc.:		
Did You Play Pro Sports? If So, W			
Membership Type : Annual	Life		
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The membership fee for the SWAC Alumni Association is \$100 annually. A \$500 lifetime membership is also available, payable in four annual installments of \$125. Make checks or money orders payable to "SWAC Alumni Association" and mail with this completed form to: SWAC Alumni Association, c/o Roscoe Nance, 509 Worchester Street, Herndon, VA 20170. For more information, contact Roscoe Nance at 703-481-0084 or 703-786-7190 or by e-mail at swacalumniassociation@gmail.com. Referrals to potential new members are welcomed.