

MEMBERSHIP FORM



(Please Print)

Date: ___/___/___

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Email: _____

OU graduate: **yes** no (CIRCLE ONE)

Former OU student: **yes** no (CIRCLE ONE)

Spouse OU grad: **yes** no (CIRCLE ONE)

Spouse Former OU student: **yes** no (CIRCLE ONE)

Dues: \$25.00

Additional Contribution: \$50 \$100 Other (Amount: _____) THANK YOU

Method of Payment: Cash Check (CIRCLE ONE)

PLEASE MAKE CHECKS PAYABLE TO: OU Foundation

Credit Card: Visa MC Discover AMEX (CIRCLE ONE)

Account Number: _____ Ex.Date: ___/___/___

Signature _____

Remember 50% of your dues go to the OU Club of Wichita scholarship fund.

Mail to: OU CLUB OF WICHITA
C/O Sheridan Drowatzky
414 N Mission Rd
Wichita, KS 67206-1911

QUESTIONS MAY BE DIRECTED TO ksoufans@sbcglobal.net OR 316-681-2008