

MEMBERSHIP FORM

(Please Print)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about us?

OU Mailing \_\_\_\_\_ Referred by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

OU graduate? yes or no (circle one) what degree/year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse: OU graduate? yes or no (circle one) what degree/year? \_\_\_\_\_\_\_\_\_\_

Former OU student? yes or no (circle one) Spouse: former OU student? yes or no (circle one)

Dues are **$30** per household per year Dues\_\_\_\_\_\_\_

Remember 50% of your dues go to the OU Club of Wichita Scholarship Fund.

Additional contribution to Scholarship Fund (circle one) $50 $100 Other Additional \_\_\_\_\_\_ Total\_\_\_\_\_\_\_

Method of payment: (circle one) Cash – Check – Credit Card

MAKE CHECKS PAYABLE TO: OU Foundation - check number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card (circle one) Visa Master Card Discover American Express

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date \_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail to:

OU CLUB OF WICHITA C/O

Clay Stoldt

10230 W Westport Ct

Wichita 67212

Questions may be directed to Clay at claystoldt@yahoo.com

5-27-17