

## **MEMBERSHIP INFORMATION FORM**

The fastest and easiest way to connect with the CCCPSAA and take immediate advantage of member benefits is to sign-up online at *www.psucentre.org* and consider a voluntary contribution via credit or debit card.

## Please consider a donation of \$15/year per person.

You may also return this form, with an enclosed check payable to CCCPSAA, and mailing it to:

CCCPSAA PO Box 10082

Phone:

State College, PA 16805-0082

MEMBERSH	IIP INFORMATION	I (PLEASE PRINT	CLEARLY)	
	Memb	er #1	Member #	2
Last Name (required)				
First Name (required)				
Email (required) Each must be unique.				
Street Address				
City				
State & ZIP Code				
Class Year (if an alum)			,	
Phone				
Check if you are interested in volunteering with the chapter.				
Check if you are a Penn State Alumni Association member.				
For any questions related to members Other Targeted Giving: I'd like to	ship information, pl		ership@psucentre.org  50 □\$100 □Other\$_	
☐ Centre County Chapter of the Penn State Alumni Association Endowed Scholarship (SXXCE)		☐ Centre County Chapter of' the Penn State Alumni Association Emergency Grant Fund (SXXA2)		
☐ Blue Band Uniforms				
Name:		Please use the ins	tructions above for your che	ck and the
Address:	mailing address.			
City, State, Zip		Thank you for yo	ur donation!	