



AUBURN

ALUMNI ASSOCIATION

You do not have to be an Auburn University alumnus to be a member of the association

Make it easy

Join online at www.aualum.org

Questions?

Call (334) 844-2960

Mail/fax this form to:

Auburn Alumni Association
Attn: Alumni Accounting
317 South College Street
Auburn University, AL 36849-5149
Fax: (334) 844-7045

Member Information

Name (Last) (First) (Middle Initial) (Maiden) DOB

Spouse (Last) (First) (Middle Initial) (Maiden) DOB

Class Year (Yours) (Spouse) Membership ID# (if known) (Yours) (Spouse)

Mailing Address (Address) (City) (State) (Zip)

Phone () E-mail

This membership is a gift (please complete reverse side)

Promotion Code:

Membership Dues:

Table with columns: Individual, Joint (married/ same address). Rows include 1 year, Recent Graduate (0-4 years out), Life, Life Installment (5 annual installments).

See Web for monthly life installment options

Add a spouse to an existing life membership: \$325

Payment Options:

Please make your check payable to the Auburn Alumni Association or charge to your Visa, Mastercard, AU Spirit Card, American Express, or Discover.

Cash Check Check #

Credit Card

Exp. Date Security Code

Credit Card number here

Signature (as shown on Credit Card)

Start Saving Today!

The Auburn Alumni Association is proudly supported by these fine businesses – discounts are available.

Benefits include:

10% off purchases at Tiger Rags

A subscription to the award-winning *Auburn Magazine*

- Voted favorite benefit by members!

Free admittance to the Alumni Hospitality Tent on home football game days

Savings on Kaplan Test Prep services

Savings on Choice Hotels as part of its rewards program

Discount with Liberty Mutual that is below competitors' rates

Receive other discounts on:

- Pet insurance
- Local Auburn merchandise and services
- Short-term medical insurance

For more, see

www.aualum.org/membership/benefits

*Membership dues may be tax deductible; consult your tax advisor for information

This membership is a gift.

Purchaser:

Name _____

(Last)

(First)

(Middle Initial)

(Maiden)

Class Year _____ ID# (if known) _____

Billing Address _____

(City, State, Zip)

Phone (_____) _____

If choosing the life installation plan, check here if all 5 bills go to you.