

Metro Washington Chapter



Penn State
Alumni Association

Membership Form

Individual Membership

Recent Grad Membership

Joint Membership

(for new members who graduated within the last three semesters)

Name* _____

Address* _____

City* _____ State* _____ Zip* _____

Phone _____

Email* _____

Check here to receive email communications from the Chapter

Job Title _____

Employer _____

Grad Year(s) _____

Complete the information below ONLY for joint memberships. Please note the email listed below will not receive email notifications from MWCPSSAA.

Spouse or family member's name _____

Email _____

\$15.00 (individual), \$25.00 (joint), Free (new recent grad) \$ _____

Chapter Scholarship Donation (optional) \$ 5.00

Additional Scholarship Donation \$ _____

TOTAL enclosed \$ _____

Make checks payable to Metro Washington Chapter of the PSAA and send to:

MWCPSSAA
PO Box 41140
Arlington, VA 22204