

# 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