PennState Alumni Association
Richmond Chapter

Richmond Chapter of the Penn State Alumni Association
Membership Application

2019-2020 Membership Year (membership expires **June 30, 2020**)

PLEASE PRINT LEGIBLY

1. Name:_____
(You do not have to be a PSU Alumnus to join the Chapter)

University: _____ **College:** **Year:**

2. If married: Spouse's Name: _____
(Spouse does not have to be a Penn State Alumnus)

University: _____ **College:** **Year:**

3. Address:
Street:_____City:_____

State: _____ Zip Code: _____ Phone Number:

Email Address(s):_____

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2019-20 Membership Status: Renewal _____ or New Member _____

$30.00 (Family Membership) $20.00 (Individual Membership)

$10.00 (2016-18 Grad) $FREE (2018-2019 Grad)

I would like to contribute to THON $ _____
I would like to contribute to the Chapter Book Award Fund $ _____
I would like to contribute to the General Scholarship Fund $ _____

Total Enclosed $ _____

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Make checks payable to: "Central VA Chapter of Penn State Alumni Assoc. or CV PSAA"
DO NOT SEND CASH
Return membership application and check to:

PSAA – Richmond Chapter
ATTN: Mark Walsh; P.O. Box 5581, Glen Allen, VA 23058