



Elizabeth City State University  
National Alumni Association, Inc.  
Membership Application  
January 1 – December 31

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tele No. Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Type of Membership:**

**Regular/Associate** \$30

**Single Life** \$400

**Couple Life** \$720

**Prior year Alumni Chapter member:**  Yes  No If yes, Chapter Name \_\_\_\_\_

Did you attend ECSU?:  Yes  No If no, what year did you attend \_\_\_\_\_

Did you graduate?:  Yes  No If Yes, what year did you graduate \_\_\_\_\_  
If No, what year did you last attend \_\_\_\_\_

Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

*\*If you are interested in joining a chapter, organizing a chapter or need additional information regarding membership, please contact:*

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Elizabeth City State University  
Campus Box 977  
1704 Weeksville Road  
Elizabeth City, NC 27909  
Telephone: (252) 335-3498  
Fax: (252) 335-3489  
Email: [ecsualumni@mail.ecsu.edu](mailto:ecsualumni@mail.ecsu.edu)

~Support your National Alumni Association through your Membership~