



Alumni and Associates

450 30th Street, Suite 2840
Oakland, CA 94609
Phone: (510) 869-6618
Fax: (510) 869-6725

2010 MEMBERSHIP DUES STATEMENT

Preferred Mailing Address:

Name _____ Membership Number: P _____
Address _____
City _____ State ____ Zip _____ Statement Date:

**If your address has changed, please make necessary corrections to this form.*

Membership Dues Options

- Annual Membership (2010) \$100.00
- Lifetime Membership (one time payment) \$1,500.00

Additional Contribution to Alumni and Associates

- Yes, I wish to make an additional contribution at this time to the CSPM Alumni and Associates **Scholarship** Fund to benefit current CSPM students.

Enclosed is my tax deductible contribution of \$_____.

- Yes, I wish to make an additional contribution at this time to the CSPM Alumni and Associates **Operating** Fund to benefit alumni and student events.

Enclosed is my tax deductible contribution of \$_____.

Payment Options

- Check Made Payable to Samuel Merritt University.
- Credit Card (Visa or MasterCard only)

Card # _____

Expiration Date: _____ Security Code: _____

Amount to be charged: \$ _____

Cardholder's Signature: _____

*Mail completed dues form and check to:
Samuel Merritt University, 450 – 30th Street, Suite 2840, Oakland, CA 94609
or for credit card processing, fax this form to (510) 869-6725. **THANK YOU!***