

Sign me up for the DSCC Alumni Association!

Name: _____

Name #2: _____
(Spouse, if he or she is joining as an alumni member):

Address: _____

Phone: _____

Best time to call: _____

e-mail: _____

Friend of DSCC or

DSCC graduate

Year(s) I/we graduated _____ (#2 - Spouse) _____

Major(s) if any: _____

(#2 - Spouse) _____

By joining, I will help fund the DSCC Alumni Scholarship Fund and will receive all my membership benefits.

Amount Due: _____ (\$25 Individual or \$35 per Couple)

Additional Gift: _____

Total Enclosed: _____

Payment Options:

Check enclosed. Checks may be made to DSCC Alumni Association.

Please charge the following amount to my credit card:

Total \$ _____ . Credit Card #: _____

Type: (Circle) Visa MC AmEX Expiration Date: _____



Please return the completed form along with your membership dues couple to:

DSCC Office of Institutional Advancement

1510 Lake Road

Dyersburg, TN, 38024

Phone - 731/286-3347 • FAX - 731/287-7788 • www.dsc.edu