

UTEP ALUMNI ASSOCIATION™

Select one: ☐ New ☐ Renew ☐ Update

Select your Chapter or Special Interest:

- | | |
|--|--|
| <input type="checkbox"/> Austin Chapter | <input type="checkbox"/> Black Alumni Network |
| <input type="checkbox"/> Dallas Chapter | <input type="checkbox"/> Business Administration |
| <input type="checkbox"/> El Paso Chapter | <input type="checkbox"/> Education |
| <input type="checkbox"/> Engineering Chapter | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Houston Chapter | <input type="checkbox"/> Young Alumni Network |
| <input type="checkbox"/> Juarez Chapter | <input type="checkbox"/> _____ |
| <input type="checkbox"/> San Antonio Chapter | <input type="checkbox"/> _____ |

Name: _____

Preferred Address: ☐ Home ☐ Work

City: _____

State or Province: _____ Zip Code: _____

Country if outside the U.S.: _____

Phone: _____ ☐ Home ☐ Work ☐ Mobile

Phone: _____ ☐ Home ☐ Work ☐ Mobile

Email: _____

Did you attend UTEP? ☐ Yes ☐ No

Graduation Year / Last year attended: _____

Date of Birth: _____

Employer: _____

Job Title: _____

For "Joint Memberships," include the following:

Name: _____

Did your spouse attend UTEP? ☐ Yes ☐ No

Graduation Year / Last year attended: _____

Phone: _____ ☐ Home ☐ Work ☐ Mobile

Phone: _____ ☐ Home ☐ Work ☐ Mobile

Email: _____

Employer: _____

Job Title: _____

Tell us why you joined! #1 _____
#2 _____

Annual Membership

- ☐ \$20 Recent Grad (within 1 year of graduation)
- ☐ \$30 Faculty/Staff
- ☐ \$40 Single
- ☐ \$60 Joint (same residence)
- ☐ \$50 Friend
- ☐ \$75 Joint Friend (same residence)

Life Membership

- ☐ \$300 Life Member Over 65
- ☐ \$375 Life Faculty/ Staff (UTEP graduates ONLY)
- ☐ \$500 Life Member
- ☐ \$550 Joint Life Member Over 65 (same residence)
- ☐ \$750 Joint Life (same residence)

Monthly Payment Option

Life memberships may be paid in monthly installments with automatic credit card payments

- ☐ \$50 ☐ \$25

Method of Payment

☐ Cash or check made payable to: **UTEP Alumni Association**

☐ Credit card (*required for payment options*)

☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Name as appears on credit card: _____

Card number: _____

Security CODE (3 - 4 digit #): _____ Exp. date: _____

Signature: _____ Amount \$ _____

Enclosed is an additional donation of \$ _____ for the:

- ☐ **Alumni Association Endowed Scholarship Fund**
- ☐ **Other:** _____

Please send this form to UTEP Alumni Relations:
500 W. University Ave., El Paso , TX 79968-0724
or via fax: (915) 747-5502
or via email: alumni@utep.edu

For more information, please contact us toll-free at **1-866-GO-MINERS** or visit **alumni.utep.edu**.