



**South Florida Chapter of the National Alumnae Association of Spelman College
Membership Form**

Member information:

Last, First Name _____

Address _____

City, State, Zip Code _____

Telephone #: (h) _____ (w) _____

Fax _____ Cellular _____

E-mail address _____

Class year _____

	Amount	Paid
Local Dues:	\$ 50.00	\$ _____
Donation:		\$ _____
Total:		\$ _____

Check # _____ Money order _____

Make checks payable to: So FL Chapter of NAASC

**Mail check and
Form to:**

**SFCNAASC
Attn: Michelle Washington, Financial Secretary
P.O. Box 012475
Miami, FL 33101**

08/06/15