

**Membership Application**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: ­­­­­­\_\_\_\_\_\_\_\_ Zipcode: \_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alumnus: Yes\_\_\_ No\_\_\_

If so, what year did you graduate? \_\_\_\_\_\_\_\_

Membership Level (circle one):

Lifetime $500

Platinum $100

Gold $50

Silver $25

Bronze $15

Student $5

\*\*Members receive discounts to Bulldog Foundation events and activity communications\*\*

Are you interested in serving as a board member or a committee member? If so, we will contact you about serving.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please enclose membership application, check and mail to the following address:

The Bulldog Foundation

P.O. Box 351

Newville, PA 17241