

**BETHANY DIVINITY COLLEGE AND SEMINARY
NATIONAL ALUMNI ASSOCIATION
MEMBERSHIP APPLICATION**

Name: Last _____ First _____ Middle _____ Title _____

DOB (mm-dd- yyyy) ____/____/____ College Number: _____

Membership No _____ (assigned by National or pending if number not assigned)

Date Joined National Alumni: ____/____/____ At large Member **YES** or

Chapter Member Name _____ Are you an Officer _____

Permanent Mailing Address: _____

City _____ State _____ Zip _____

Telephone: Home _____, Cell _____ Other _____

Email address: _____

To receive ***The Reporter*** you must have a current email address

Spouse _____ May attend meetings and Events

Emergency Contact Name & Phone _____

Active Member fees \$25.00 per year, renewable on your anniversary date.

Make your check or money order to Bethany Divinity College and Seminary

Please note at the bottom of the check Membership Dues

Mailing address:

Bethany Divinity College & Seminary, Office of Administration
2573 Hodgesville Rd., Dothan, AL 36301

To Pay by Credit Card telephone the college direct: 334-793-3189 Fax: 334-793-4344