

Sorority And Fraternity Alumni Society

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ work phone: _____

e-mail address: _____

Fraternity/Sorority: _____

Year Graduated: _____ OSU/Other: _____ Major: _____

Profession/ Employer : _____

Undergraduate Positions held: _____

Alumni Positions held: _____

Annual dues = \$25 Make check out to SAFAS

Send completed application and dues payment to:

SAFAS
4932 Donegal Cliffs Drive
Dublin, OH 43017