



**Office of Alumni Relations
Governors State University**

1 University Parkway
Room D34067
University Park, IL 60484
708.534.7892
www.govst.edu/alumni

Membership Form

Full Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Mobile Phone: _____

Office Phone: _____

Email _____

GSU ID# _____

Alumni Association members must be an alumnus of Governors State University. Please designate if you hold another position related to GSU. Circle all that apply: (Faculty / Staff / Student / Donor)

Other: _____

Which Membership are you signing up for? Checkmark your desired membership.

Alumni Membership: \$0 - \$49 annually

Premium Membership: \$50 or more as a onetime payment annually

Alumni Advocate Membership (Coming Soon)

Lifetime Membership: \$15 per month for five (5) years as a monthly reoccurring payment. Total \$900.

Membership Amount: _____ Over: _____ 1 Year _____ 5 Years _____ Other

Credit Card # _____

Expiration Date: _____ CVC: _____

If paying by Check, Check # _____

(please make checks payable to the GSU Alumni Association)

*Governors State University Alumni Association
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