



## MEMBERSHIP CONFIRMATION FORM

**NAME:** \_\_\_\_\_

**STUDENT ID:** \_\_\_\_\_

**NAME TO APPEAR ON MEMBERSHIP CERTIFICATE:** \_\_\_\_\_

*(Please double check before submitting – any corrections will be at the member’s cost to print a new certificate from nationals)*

**CELL PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**HOME MAILING ADDRESS:** \_\_\_\_\_

*(street address)*

\_\_\_\_\_  
*(City, State Zip Code)*

**As a first-generation student, what are you most proud of?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What advice do you have for other first-generation students as they navigate college?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Lifetime membership dues - \$40

Please make checks or money orders payable to SALEM STATE UNIVERSITY and put “ALPHA ALPHA ALPHA” in the subject line. You can also use the credit card link that was emailed to you.

**Please return this completed form along with your membership dues (unless paid by credit card) to:**

Student Success and the First Year Experience  
101A Dining Commons, 352 Lafayette Street Salem, MA 01970

**FORM AND PAYMENT IS DUE NO LATER THAN TUESDAY, JANUARY 9, 2024**

**OFFICE USE ONLY:** \_\_\_\_\_ Payment Received  
\_\_\_\_\_ Applied for Scholarship    \_\_\_ Received    \_\_\_ Did Not Receive