



Palmetto Chapter WVU Alumni & Friends

Membership Form

Membership year: July 1, 2024 June 30, 2025

Name _____ Phone _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email (please print clearly) _____

Email (please print clearly) _____

You may contact me to assist with: membership drive ___ special events ___ other ___

Total amount enclosed: \$ _____*

*Yearly membership dues are: \$20.00/person or \$40/family

Make checks payable to: **Palmetto Chapter WVU Alumni and Friends**
Mail to: P.O. Box 2786
Bluffton, SC 29910