



SKULLUMNI MEMBERSHIP FORM

Complete this form electronically or by hand and mail along with payment to:
Skullumni, P.O. Box 3093, Portland, ME 04104-3093 - THANK YOU!

1. DONATION LEVEL

☐ Titanium Skull Club (\$750+) ☐ Platinum Skull Club (\$500-\$749) ☐ Diamond Skull Club (\$250-\$499)

☐ Century Skull Club (\$100-\$249) ☐ ** SUGGESTED MINIMUM ** Golden Skull Club (\$50-\$99) ☐ Skull Club (\$25-\$49)

OPTIONAL ... ☐ Charge my credit/debit card in monthly installments of \$_____ per month

2. YOUR INFORMATION

Name: _____ Class: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (Mobile): _____ Phone (Home): _____

☐ YES! I wish to opt-in to occasional text messages from Skullumni. Message and data rates may apply.

☐ NO. I do not wish to receive occasional text message updates from Skullumni.

Email Address: _____

3. PAYMENT METHOD

☐ Check/Money Order (payable to "Skullumni")

☐ Credit/Debit Card: ☐ Visa ☐ MasterCard ☐ Discover

Card #: _____ Name on Card: _____

Amount \$ _____ Exp. Date: _____ Signature: _____

Please note: If paying by credit/debit card, the charge on your statement will appear from "Skullumni"

4. WHAT HAVE YOU BEEN UP TO? (Job, family, school, clubs, etc. for us to list in our newsletters, updates, and web site). Include photos! Use back of form if necessary: