

## **SKULLUMNI MEMBERSHIP FORM**

*Complete this form and mail along with payment to: Skullumni, P.O. Box 3093, Portland, ME 04104-3093* 

## **1. YOUR INFORMATION**

	Class:	
Aailing Address:		
ity:	State:	Zip:
hone (Mobile):	Phone (Home):	
YES! I wish to opt-in to occasional text me	essages from Skullumni. Message and d	ata rates may apply.
NO. I do not wish to receive occasional te	ext message updates from Skullumni.	
mail Address:		
Platin Platin Platin Century Skull Club (\$750+)Platin Century Skull Club (\$100-\$249) PAYMENT METHOD Check/Money Order (payable to "Skull Club (\$100-\$249)	Golden Skull Club (\$50-\$99) _	Skull Club (\$25-\$49)
Credit/Debit Card: Visa N	AasterCard Discover A	merican Express (NEWI)
Card #:		
Card #: Name on Card:	Exp. Date:	Amount \$ CVV:
Card #:	Exp. Date:	Amount \$ CVV: