Print Form

AFFILIATE SUPPORTER

Academic Year: 20_____ to 20 _____

_____
Date

_____
Receipt Number

_____
Lastname Firstname Middle

_____
Address City State Zip

_____
Local phone Pronouns (He/his/him; She/her/hers; They/their/theirs)

_____
Organization Name

Email:_____

_____ Department/Unit Name

_____
Committees of Interest

_____
Events of Interest

Annual Affiliate Donations can be of assistance to BFSA to aid in supporting the membership in hosting events, professional/ personal growth sessions, and to fund the book scholarship connected to the Douglass Reunion Scholarship. Please make checks payable to Murray State University and forward to the BFSA Treasurer, 103 Wells Hall, Murray, KY 42071. Website: www.murraystate.edu/bfsa