



Membership Application

Academic Year: 20 ____ to 20 ____

_____ Date

Birthday: Month ____ Day ____

_____ Receipt Number

 Lastname Firstname Middle

 Local Address City State Zip

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

 Campus Address City State Zip

 (____) - _____ @murraystate.edu
 Work phone Work email Address

 Job Title Cell Phone Work Anniversary/Hire Date (Month/Day)

 Department/Unit Name Employee Status (mark one): _____ Faculty _____ Staff

 Skills/talents/abilities you have to assist BFSA (administration/website development/money management/etc.)

 Events of Interest

Annual Membership Dues are **\$25.00** due at the beginning of the fall semester for the entire academic year. Dues assist 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 4207, 270-809-3155. **Individuals are encouraged and welcomed to include donations above the \$25 membership dues to assist BFSA in raising funds for the book scholarship.** For more information about the events, other engagements and partnerships with BFSA, visit the website. Website: www.murraystate.edu/bfsa