Total Number of Members _____

ALUMNI CHAPTER MEMBERSHIP ROSTER

PLEASE COMPLETE THIS ALUMNI CHAPTER MEMBERSHIP ROSTER FORM AND SUBMIT TO THE OFFICE OF ALUMNI RELATIONS BY OCTOBER 31 AND MAY 30 EACH YEAR. ALL CATEGORIES ARE VERY IMPORTANT, SO PLEASE DO NOT LEAVE THEM BLANK. (In order to be considered for chapter awards, you must have a current roster on file; names submitted should be dues paying members of the Chapter.)

Forms may be completed and mailed to TCNAA, P.O. Box 288, Tougaloo, MS 39174 (When completing online please save form prior to printing for your records)

Chapter Name: _____ FY 20_____ - 20_____ Date: _____ Submitted By/Position: _____

President: _____ Secretary: _____ E-mail Address: _____

Name of Member	Class Year	Street Address	City/State/Zip	Telephone	E-Mail	TCNAA Membership Annual/Sub-Life/Life

TOUGALOO COLLEGE 1869
Where History Meets the Future

Updated October 2022

Total Number of Members _____

CONTINUATION PAGE FOR _____ ALUMNI CHAPTER MEMBERSHIP ROSTER

Name of Member	Class Year	Street Address	City/State/Zip	Telephone	E-Mail	TCNAA Membership Annual/Sub-Life/Life