

Register Online at tx.ag/59Reunion

CLASS OF 1959 55TH REUNION REGISTRATION FORM - MARCH 3 - 5, 2014

Reunion Registration Deadline: February 21

Name: _____ Class: _____ Phone: _____
Home Bus.

Email: _____
Home Bus.

Preferred Address: _____
Home Bus.

City: _____ State: _____ ZIP: _____

REUNION NAMETAGS

Please include the relationship* of each guest & Class Years for all A&M former students (*child, friend, sibling, parent, etc...)

Classmate Nametag: _____ Spouse Nametag: _____

Guest 1 Nametag: _____ Relationship: _____

Guest 2 Nametag: _____ Relationship: _____

REGISTRATION & ACTIVITIES

TOTAL

Registration for myself <input type="checkbox"/> \$30 - Active Member (gives annually to The Association) <input type="checkbox"/> \$35 - Non-Active Member <i>The registration fee includes transportation, facility rental, hospitality room(s), meal gratuity, audio/visual equipment, postage and other fees that may apply.</i>	\$																																																																					
Registration for Spouse & Guest(s) <input type="checkbox"/> \$30 (one time charge, covers all guests)	\$																																																																					
I would like to begin my Century Club Benefits today at the \$ _____ level. (See Page 6 for levels)	\$																																																																					
Add a \$10 late fee if returning after February 21. (On-site Registration will incur an additional fee.)	\$																																																																					
Indicate the activities each guest will be attending, including yourself, by checking the boxes on the left and entering your total on the right.																																																																						
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GRAND TOTAL FOR REGISTRATION & ACTIVITIES \$ _____																																																																						

If you have any special dietary needs, please note: _____

If you have any special physical needs, please note: _____

Method of Payment: Please one: Check payable to The Association of Former Students
 or Credit Card: Mastercard / Visa / Discover / American Express

Card #: _____ Exp. Date: ___/___ Verification Code*: _____

Signature _____

* The last 3 digits of the number printed on the signature line on the back of your card

Register Online at tx.ag/59Reunion

**or return to: The Association of Former Students, 505 George Bush Drive,
 College Station, TX 77840, Attn: Sul Ross Group Reunion**

Office Use:
Recd: _____
BSR: _____
PID: _____
Proc: _____
Letter: _____
Tags: _____