



K-CLUB

MEMBERSHIP DUES

July 1, 2023 to June 30, 2024

Mr. Mrs. Miss Ms. Dr.

Last Name _____ First Name _____ M.I: _____

Maiden Name _____

Address _____

City _____ State _____ Zip Code _____

() _____ *Cell Phone* () _____ *Home Phone* () _____ *FAX Number*

Email Address _____

Graduation Year *Degree (i.e., Masters, Bachelor, Assoc.)* *Major Sport Affiliation*

Annual Membership: \$100.00 _____ Associate Membership: \$50.00 _____

Payment Information

Check or M.O. payable to: **KSU K-CLUB** or pay by Cash App: **\$rawilliams3306**
(If paying by Cash App, please either email or mail this application to address below)

Credit Card (*Circle type*): Visa MasterCard American Express

Credit Card #: _____ Expiration Date: _____

Signature: _____ Date: _____

Please mail to: **Randolph Williams**
KSU K-Club President
17164 Greenview
Detroit, MI 48218

If you have any questions, contact Randy Williams:

Telephone: (313) 283-4618

E-mail: ksudetroitalumni1886info@gmail.com or maddogsports@aol.com