PLC ALUMNI NETWORK
MEMBERSHIP FORM

The President’s Leadership Class would love your help by joining our PLC Alumni Network. This new network will help to bring PLC Alumni and students together and will help to improve the PLC program. Please complete the survey and mail it to the OU Alumni Association, 900 Asp Avenue, Suite 427, Norman, OK 73019-4051.

Name ____________________________________________ Spouse ____________________________________________

PLC Class Year ____________________________________________ Spouse PLC Class Year ________________________

Address ____________________________________________

City ____________________________________________ State _______________ Zip _______________

Home telephone ____________________________ Cell ____________________________

Degree and date of graduation ____________________________________________

Spouse degree and date of graduation ____________________________________________

Employer ____________________________________________ Title ____________________________________________

Work telephone ____________________________ E-mail ____________________________________________

Yes! I am interested in contributing to the PLC Alumni Network by:

_____ Coordinating alumni events in my area

_____ Serving on the reunion planning committee

_____ Sponsoring a scholarship for PLC students

_____ Sponsoring a program/event for current PLC students

_____ Other ____________________________________________

Please help the PLC Alumni Network succeed by making a contribution. Your contribution will go toward an operational fund for PLC Alumni Network events, activities, and communications. A portion of your contribution also may be used to sponsor a program, event or scholarship for current PLC students at the University of Oklahoma. A postage-paid reply envelope has been provided for your convenience.

My (our) contribution: ___ $25 ___ $50 ___ $100 ___ $250 ___ $500 ___ Other $__________________________

_____ My employer will match my gift! A matching form is enclosed.

_____ Enclosed is my check payable to the OU Foundation.

_____ Please bill my credit card: ___ Visa ___ MasterCard ___ Discover ___ AMEX

Account Number ____________________________________________ Expiration date ____________________________

Signature ____________________________________________

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