



# Become a Member

College of the Siskiyous (COS) Alumni & Friends

Membership Year: July 1 to June 30

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dates you attended COS: \_\_\_\_\_ Did you Graduate:  Yes  No

What was our Major? \_\_\_\_\_

Other names(s) used when at COS: \_\_\_\_\_

What clubs / sports did you participate in?

\$50 Individual Membership (annual fee)

\$100 Family Membership (annual fee)

\$500 Lifetime Membership (one time)

Association Participation Only  
(No fee with 5 hours of volunteer service per month)

I wish to donate: \$ \_\_\_\_\_

My check is enclosed (pay to COS Foundation)

I prefer to pay by credit card

Visa / MasterCard / Discover # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CRV # \_\_\_\_\_ Signature: \_\_\_\_\_

Please return this form with membership fee to:  
**COS Foundation Office, 800 College Avenue, Weed, CA 96094,**  
Phone: (530) 938-5373 Email: [alumni@siskiyous.edu](mailto:alumni@siskiyous.edu)  
Visit us on the web: [www.siskiyous.edu/alumni/](http://www.siskiyous.edu/alumni/)