

DENTON COUNTY AGGIE MOMS' CLUB
2020-2021 Membership Form

Mom: (Last) _____ (First) _____ Spouse: _____

Are you and/or your spouse a former A&M student? Mom class of _____ Spouse class of _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Additional Phone: (____) _____ Home Cell Work

Additional E-mail: _____ Mom's Birthday (Month/Day): _____

New Renew Life If renewing, how many years have you been a DCAM member? _____

****All members (including Life) are required to fill out a new membership form each year to ensure accuracy. Newsletters will be sent out electronically therefore it is most important to keep your email address current.**

*****Enter information for additional students on the back of this form.

Student: (Last) _____ (First) _____ (Middle) _____

Birth Date: _____ Texas A&M Class of _____ Current Student Yes No

College Mailing Address: _____ **(Need P.O. Box if in a Dorm)**

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

MEMBERSHIP DUES ARE \$25.00 PER YEAR.

*****TO BECOME A LIFE MEMBER YOU MUST HAVE BEEN AN ACTIVE DCAM MEMBER FOR TEN YEARS AND ARE ELIGIBLE ON THE ELEVENTH YEAR. LIFE MEMBERSHIP DUES ARE A ONE TIME FEE OF \$75.00.**

***If you would like to sponsor a non-family Denton County A&M student, fill out the information for additional student(s) and write non-family by the name and include an additional \$6 per non-family student.

Make checks payable to **Denton County Aggie Moms** and return this form with your check to:

Sandra Laxton Denton County Aggie Moms 2059 Boone Circle Frisco, TX 75033

Questions concerning membership: Please call: 972-740-8865 or email: dentoncountymembership@aggienetwork.com

OFFICE USE ONLY

Payment: Cash Check Charge Check # _____ Amt. _____ Date rec'd _____ Initials _____

Email Denton County Aggie Moms @ dentoncountymoms@aggienetwork.com

Additional Students

Student: (Last) _____ (First) _____ (Middle) _____

Birth Date: _____ Texas A&M Class of _____ Current Student Yes No

College Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

Student: (Last) _____ (First) _____ (Middle) _____

Birth Date: _____ Texas A&M Class of _____ Current Student Yes No

College Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

Student: (Last) _____ (First) _____ (Middle) _____

Birth Date: _____ Texas A&M Class of _____ Current Student Yes No

College Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____