

# Supporting Membership Form

## Norton School Council of Alumni and Friends

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Yes, I would like to become a Supporting Member of the Norton School Council of Alumni and Friends. I understand and agree to the expectations of a Supporting Member, that I will

- Support the Mission of the Council
- Support activities of the Council to the best of my ability
- Participate as a voting member of the Council
- Participate in decision making of the Council to advance its mission and programs
- Pay an annual membership fee by contributing at least \$25 (check enclosed)

Please send your completed application and documentation of financial contribution to:

Gina McCann, FCS Council Membership  
650 N Park Avenue  
Tucson, AZ 85721-007

Membership is effective from January 1 to December 31 of each year.  
Thank you for your support!



COLLEGE OF AGRICULTURE & LIFE SCIENCES

Norton School of  
Human Ecology