

# Suda E. Butler Alumni Association



## SEBAA

Last Name (Current) \_\_\_\_\_

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Years Attended or Worked at Butler \_\_\_\_\_ Class of: \_\_\_\_\_

Name while at Butler \_\_\_\_\_

*Membership: Please check all that apply*

For Myself as a Student \_\_\_\_\_

For Myself as Faculty or Staff \_\_\_\_\_

For My Spouse/Partner etc. \_\_\_\_\_

Friend of Butler \_\_\_\_\_

In Memory Of \_\_\_\_\_ A Gift \_\_\_\_\_

Membership \$25.00 \_\_\_\_\_

Additional Donation \$ \_\_\_\_\_

**Make your payment payable to *Suda E. Butler Alumni Association and mail, with this form, to:***

SEBAA  
PO Box 16685  
Louisville, KY 40256-0685  
or



You can also use PayPal. Our PayPal account is

[info@butlerhighalumni.com](mailto:info@butlerhighalumni.com)

Mark your contribution as a Personal Gift and we will not be charged fees, then mail application to the above address.