



FRIENDS OF
INTERNATIONAL
PROGRAMS
KANSAS STATE UNIVERSITY

YES! I WOULD LIKE TO JOIN THE FRIENDS OF
INTERNATIONAL PROGRAMS

New Member Renewing Membership

Date: ____/____/_____

Name(s) _____

Address _____

City _____

State _____ ZIP _____

Daytime Phone _____

Email _____

Please mark a committee on which you would be willing to volunteer:

- | | |
|---|---|
| <input type="radio"/> Executive | <input type="radio"/> Membership |
| <input type="radio"/> Fundraising | <input type="radio"/> Communication |
| <input type="radio"/> Nominating | <input type="radio"/> Education |
| <input type="radio"/> Scholarship/Internship | <input type="radio"/> Vernon Larson Lecture |
| <input type="radio"/> Annual Meeting & Special Events | <input type="radio"/> Hospitality |

Enclosed is my check or credit card authorization for:

- | | |
|--|---|
| <input type="radio"/> \$1,000 - Jet Setter | <input type="radio"/> \$50 - Traveler |
| <input type="radio"/> \$500 - Globetrotter | <input type="radio"/> \$25 - Individual |
| <input type="radio"/> \$250 - Visa | <input type="radio"/> \$10 - Student |
| <input type="radio"/> \$100 - Passport | <input type="radio"/> Other \$_____ |

Check enclosed, payable to KSU Foundation

or

Please charge my credit card:



Circle One

Card Number

Exp. Date

Cardholder's
Signature _____

Please return to:

Friends of International Programs
Office of International Programs
Kansas State University
304 Fairchild Hall
Manhattan, KS 66506

All gifts are tax-deductible to the extent allowed by law.