



**Alcorn**  
State University

**National Alumni Association  
Greater Dallas Chapter  
P.O. Box 225953  
Dallas, TX 75222-5953**

## Class/Organization Meeting Request

### Request Guidelines

1. The person making the request must be financially active in the national alumni and/or chapter alumni.
2. The organization must be nationally recognized by the alumni association.
3. All meeting requests must be postmarked or received by 11/30/2018 by 12am CST.
4. All questions/concerns should be sent to **Maxine Pride**, mp70asu@yahoo.com 214-662-4384.
5. The form must be filled out completely.
6. No meeting rooms will be assigned unless a meeting request form is completed and submitted by the deadline.

### Request Information

Title of Meeting:

Class or Organization (if applicable):

### Requestor Information

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

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

E-Mail Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

### For Committee Use Only

Date Received: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_