



YES! I WANT TO SUPPORT UT ARLINGTON ATHLETICS.

New Renewal Former athlete-sport _____ Year(s) _____ Year graduated _____

UTA alumni Faculty/Staff Current UTA student Parent of current student This is a joint gift with my spouse _____

Name _____ Nickname _____

Home Address _____ City _____ State _____ Zip _____

Business Name _____ Title _____

Business Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

E-mail _____ Contact _____

MAILING PREFERENCE

Home Business UTA Box # _____

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

I would like my Maverick Club membership to be listed under the following name: _____

11BRMAVATH



UT ARLINGTON



MAVERICK CLUB

MEMBERSHIP OPTIONS

- \$2,000 - All-American Maverick
- \$1,000 - All-Conference Maverick
- \$500 - MVP Maverick
- \$250 - Maverick Club
- \$100 - Spirit Club
- T-shirt size S M L XL
- I would like to decline any benefits related to my gift.

PAYMENT OPTIONS

- Check enclosed for full amount. Make checks payable to: UTA Athletics
- Monthly UTA payroll deduction

CREDIT CARD BILLING

Please charge full amount to my: Visa MasterCard Amex Discover

Account # _____ Exp. date _____

Signature _____