



Federation of Texas A&M University
Mothers Club of Guadalupe County



Aggie Mom Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____ Birthday: (month/day) _____

Your Aggie's Info:

1. Name: _____
 Student's College Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Student Phone: _____
 DOB: _____ TAMU Graduate? Yes _____
 Class of: _____ No _____

2. Name: _____
 Student's College Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Student Phone: _____
 DOB: _____ TAMU Graduate? Yes _____
 Class of: _____ No _____

3. Name: _____
 Student's College Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Student Phone: _____
 DOB: _____ TAMU Graduate? Yes _____
 Class of: _____ No _____

Please return this form along with \$20.00 membership dues to:

Guadalupe County Aggie Moms' Club - PO Box 1648, Seguin, TX 78156