

## SUPPORT GROUP APPLICATION

Simply check your support group and payment method of choice. Then, fill out the information on the other side & return to USC Athletics.

### SCHOLARSHIP CLUB

- Annual - \$30,000       Semi-annual - \$15,000  
 Quarterly - \$7,500       Endowed/LegaSC Membership

### THE COMMITTEE

- Annual - \$10,000       Semi-annual - \$5,000  
 Quarterly - \$2,500

### CARDINAL & GOLD or WOMEN of TROY

#### Varsity Level

- Annual - \$3,000       Semi-annually - \$1,500  
 Quarterly - \$750       Dual (Second) - \$2,500  
Membership

#### Junior Varsity Level (ages 31-35)

- Annual - \$2,500       Semi-Annual - \$1,250  
 Quarterly - \$625

#### Freshman Level (age 30 & under)

- Annual - \$2,000       Semi-Annual - \$1,000  
 Quarterly - \$500

### TROJAN CLUB

- MVP - \$1000       Captain - \$500       1st Team - \$200

#### Bill me:

- Annually       Semi-Annually       Quarterly

### AREAS OF INTEREST

Please let me know about special team events associated with the following sports.

*(check as many as you would like)*

- Baseball       Rowing       Track       Golf  
 Basketball       Soccer       Volleyball       Tennis  
 Football       Water Polo       Swimming/Diving

Please contact me via:       Email       Mail

### PLANNED GIVING

- USC Athletics is included as a beneficiary in my estate planning.  
 I would like to receive information about making USC Athletics a beneficiary in my estate planning.

If you participated in a varsity sport at USC, please let us know:      Sport \_\_\_\_\_

Years \_\_\_\_\_

# FIGHT ON!

CRS ID \_\_\_\_\_

DATE \_\_\_\_\_

## USC ATHLETICS SUPPORT GROUP MEMBERSHIP APPLICATION

Heritage Hall 203A  
Los Angeles, CA 90089-0602  
213.740.4155

Name \_\_\_\_\_

Spouse \_\_\_\_\_

Preferred Address     Home     Business

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Address     Home     Business

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Birthdate \_\_\_\_\_ USC Class of \_\_\_\_\_

Referred by \_\_\_\_\_

Enclosed is my donation for \$ \_\_\_\_\_

Please bill my: VISA/MC/DISCOVER

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Sec Code \_\_\_\_\_