

IPTAY Collegiate Club New or Renewal Membership

Select your membership _____ New _____ Renewal

IPTAY Number (if renewing) _____

_____ One-year membership for \$40

_____ Four-year membership for \$130 – BEST VALUE!

Name _____

Local address _____

_____ City State ZIP

Cell phone _____

Clemson email _____

Permanent address _____

_____ City State ZIP

Date of birth _____ / _____ / _____ T-shirt size (S-XXL) _____
Month Day Year

Are you a full-time student enrolled in at least 12 hours at Clemson? ___ Yes ___ No

Amount enclosed \$ _____

Preferred payment method:

_____ Cash (accepted only at IPTAY office)

_____ Tiger Stripe (accepted only at IPTAY office)

_____ Check (payable to IPTAY) Check number _____

_____ Credit card

Name on credit card _____

VISA Discover MasterCard American Express

Card number _____ - _____ - _____ - _____

Expiration date _____ / _____
Month Year

Daytime phone number of cardholder _____

**Mail completed form
and payment to:**

IPTAY Collegiate Club
P.O. Box 1529
Clemson, SC 29633

For office use only _____
Date _____
Cash receipt number _____
Processed by _____