

MISSISSIPPI STATE  
UNIVERSITY.

ALUMNI ASSOCIATION

ORGANIZATIONAL VEHICLE TAG MEMBER AUTHORIZATION LETTER

Member Information:

Applicant's Name: Last First Middle

Applicant's Address: Street State Zip Code

Vehicle Identification: Tag Number VIN Vehicle Make Model Year

Applicant's Certification:

Name of Organization:

I, \_\_\_\_\_, certify that I am a member of the above named organization and applying for an organizational tag under the organization's name. I understand that I must submit a \$100.00 payment for a one-time application fee in addition to any applicable renewal fee. Upon demand by the above-named organization or the Department of Motor Vehicles, I understand the organizational tag must be returned to the Department of Motor Vehicles within thirty (30) days. I further understand that failure to return the tags in a timely manner shall result in the rescission or revocation of the registration by the Department of Motor Vehicles.

I understand it is unlawful to willfully make a false statement in so doing, is subject to criminal charges. I certify under penalty of perjury that all answers and information contained within this application are true and correct.

Applicant's Signature: Date:

Co-Owner's Signature: Date: (Co-owner must sign application before it will be processed for an organization tag)

Organization Authorization:

I, \_\_\_\_\_, do by affixing my signature hereby certify that the above named individual is a member of our organization and that he/she is authorized to apply for an organizational tag in the organization's name. I understand it is unlawful to willfully make a false statement in so doing, is subject to criminal charges. I certify under penalty of perjury that all answers and information contained within this application are true and correct.

Official Signature: Libba Andrews Date: 3/20/15 Print Name: Libba Andrews

Official Telephone Number: 662.325.3479