

# Alumni Association Membership Enrollment

Please fill out this enrollment form. This template is designed to be printed and filled out manually or kept as a digital record.

## Personal Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Maiden Name (if applicable):	<input type="text"/>		
Date of Birth:	<input type="text" value="MM/DD/YYYY"/>	Gender:	<input type="text"/>
Email Address:	<input type="text"/>		
Phone Number:	<input type="text"/>		

## Mailing Address

Street Address:	<input type="text"/>		
City:	<input type="text"/>	State / Province:	<input type="text"/>
Postal / ZIP Code:	<input type="text"/>	Country:	<input type="text"/>

## Academic Information

Graduation Year:	<input type="text"/>	Student ID (if known):	<input type="text"/>
Degree Earned:	<input type="text" value="e.g., BA, BS, MS, PhD"/>		
Major / Field of Study:	<input type="text"/>		
Campus / Location:	<input type="text"/>		

## Membership & Involvement

Membership Level:	<input type="text" value="e.g., Annual, Lifetime, Ass"/>
Current Profession / Job Title:	<input type="text"/>
Employer / Organization:	<input type="text"/>
Interested in Volunteering?	<input type="text" value="Yes / No / Details"/>

## Acknowledgment & Signature

I hereby apply for membership in the Alumni Association and certify that the information provided above is accurate.

Applicant Signature:	<input type="text" value="Sign here after printing"/>	Date:	<input type="text" value="MM/DD/YYYY"/>
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