



## ALUMNI ASSOCIATION MEMBERSHIP APPLICATION

### YOUR INFORMATION: *Required*

#### BIOGRAPHICAL

Dr.  Mr.  Mrs.  Ms.  Other

\_\_\_\_\_  
 First Name                      Middle Name                      Last Name

\_\_\_\_\_  
 Birth Date                                      Maiden Name *(If Applicable)*

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City                                      State                                      Zip Code

\_\_\_\_\_  
 Phone Number                                      Cell Phone Number

\_\_\_\_\_  
 Email Address

#### EDUCATIONAL

##### Garrett College

AA  AAS  AAT  ASE  Certificate

\_\_\_\_\_  
 Graduation Year or Year Last Attended

\_\_\_\_\_  
 Major

#### Additional Education

\_\_\_\_\_  
 Name of Institution

\_\_\_\_\_  
 Highest Degree Received                                      Graduation Year

\_\_\_\_\_  
 Major

#### EMPLOYMENT & CAREER

\_\_\_\_\_  
 Employer Name                                      Title

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone

### JOINT MEMBER INFORMATION: *If applicable*

#### BIOGRAPHICAL

Dr.  Mr.  Mrs.  Ms.  Other

\_\_\_\_\_  
 First Name                      Middle Name                      Last Name

\_\_\_\_\_  
 Birth Date                                      Maiden Name *(If Applicable)*

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City                                      State                                      Zip Code

\_\_\_\_\_  
 Phone Number                                      Cell Phone Number

\_\_\_\_\_  
 Email Address

#### EDUCATIONAL

\_\_\_\_\_  
 Name of Institution

\_\_\_\_\_  
 Graduation Year or Year Last Attended

\_\_\_\_\_  
 Highest Degree Received

\_\_\_\_\_  
 Major

#### EMPLOYMENT & CAREER

\_\_\_\_\_  
 Employer Name                                      Title

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone

### I WISH TO JOIN THE GARRETT COLLEGE ALUMNI ASSOCIATION AT THE FOLLOWING LEVEL\*:

Alumni - \$25     Joint - \$45     Lifetime - \$1,000

### I WISH TO MAKE A TAX-DEDUCTIBLE GIFT TO THE GARRETT COLLEGE ALUMNI FUND IN THE FOLLOWING AMOUNT:

\$ \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

#### PAYMENT OPTIONS:

I have enclosed a check made payable to the Garrett College Foundation, Inc., in the amount of: \$ \_\_\_\_\_

Please charge \$ \_\_\_\_\_ to my credit card: \_\_\_\_\_

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

\_\_\_\_\_  
 Exp. Date

\_\_\_\_\_  
 Sec. #

\_\_\_\_\_  
 Signature/Date

\*Membership fees are not a tax-deductible gift.