

Alumni Association Application for Membership

Print this form, then Mail to:

The Alumni Association LaGuardia Community College/CUNY 31-10 Thomson Ave, Room M-116 Long Island City, NY 11101

Complete this form and bring it to M-116 or mail it with your dues. **(Do not send cash!) Make checks payable to:** LaGuardia Community College Alumni Association (LAGCC Alumni Association). Lifetime Membership fee of \$225 may be paid in three installments of \$75.00 each over a one year period.

() Dr. ()Mr. () Mrs. ()Ms. First Name Last Name Maiden Name Street Address City State Zip Code Home Telephone Emplid ID E-Mail LaGuardia Degree Major Year Graduated Occupation/Title	()Mrs.	() One-Ye () Two-Ye () Five Ye () Lifetime () Gift/ Do Total Amo () Cash (*Matching Gifts Contact your en appropriate form	al of Membership ear Membership Fee \$20.00 ear Membership Fee \$30.00 ear Membership Fee \$50.00 e Membership Fee \$225.00
Employer Business Address			
City		State	Zip Code
-		<u> </u>	Zip Gode
Business Telephone Number			
Other College/University Attend	led		
Degree Earned	Major		Year Graduated