



# Membership Application

Please complete all sections of this form.

After you fill in the application, please print it and retain a copy for your records. Any changes made to the original application may not be saved on your computer, so please print it before saving. Return this form to the Office of Alumni Relations – Shuster Hall, Room 312.

Title  Mr.  Mrs.  Ms.  Miss  Other \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Email address \_\_\_\_\_

Undergraduate Degree(s) \_\_\_\_\_ Major \_\_\_\_\_ Year \_\_\_\_\_

Graduate Degree(s) \_\_\_\_\_ Major \_\_\_\_\_ Year \_\_\_\_\_

Would you prefer receiving mail from the College at  Home  Work

Were you a member of a Lehman club organization? Did you participate in intramural or collegiate athletics? If so, please list.

\_\_\_\_\_

While at Lehman, did you receive any awards? Did you receive special recognition? If so, please list.

\_\_\_\_\_

Were you a student in  The Adult Degree Program  The Lehman Scholars Program  The Honors College

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Family members who are Lehman Alumni

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of graduation \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Year of graduation \_\_\_\_\_

Method of payment  Check  Money Order  Cash

Credit Card (  Mastercard  Visa  Discover  Am.Express ) n. \_\_\_\_\_ exp. date \_\_\_\_\_

Print name that appears on card \_\_\_\_\_ Signature \_\_\_\_\_

### FOR OFFICE USE ONLY

New Member - \$ \_\_\_\_\_  New Grad - Free

Entered \_\_\_\_\_ Letter/acknowledged \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_