



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 _____