

**HOLY FAMILY UNIVERSITY
ALUMNI ASSOCIATION MEMBERSHIP FORM**

Annual dues for membership in the Alumni Association are \$10. Please print this form, provide the requested information, and fax it to: 215-637-2110, or mail it with your dues to:

Office of Alumni and Parents
Holy Family University
9801 Frankford Ave
Philadelphia, PA 19114
P 267-341-3339; e-mail alumni@holyfamily.edu

Your Name: _____

CLASS OF _____ Degree _____

Street Address: _____

Field of Study _____

City: _____ State: _____

Telephone #: _____
____ Home ____ Business ____ Other

Zip Code: _____

E-mail: _____

Alumni Association Dues \$ 10/yr

Employer _____

PAYMENT METHOD

Cash

Job Title: _____

Check (payable to *Holy Family University*)

Spouse's Name: _____

Credit Card
(*Visa, MasterCard, Discover or AMEX*)

Is your spouse an alumna/us? YES NO

Card # _____

Alumni News and/or Suggestions for Future
Programming:

Expiration Date: ____/____/____

3-Digit Security Code: ____ _

Cardholder (please print):

Signature: _____

<p><i>Are you interested in serving on the Alumni Association Board of Advisors?</i> <i>O YES O NO</i></p>
