

Alumni Association Data Form

Alumni Status: Active In-active

Class of: _____

Please take a few minutes to complete the entire questionnaire. This information will be kept on file at the College. All information will remain confidential.

Miss Ms. Mrs. Mr. Dr. SSN _____ - _____ - _____ (Optional)

First Name: _____ Middle Name: _____

Last Name: _____ Jr. Sr. II III Other _____

Full name used while enrolled at S-DC _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Home phone number: _____ - _____

Preferred e-mail address: _____

College: Sojourner-Douglass College Major _____ Date _____ to _____ Degree _____

Other College or University: _____ Major _____

Tell us what you've been doing: (Example: New Job, or Position, Vacation, Married, New House, etc. Have you published anything? If so, please share with us so we may publish it in our Newsletter (The Chronicle).

PERSONAL INFORMATION

EMPLOYMENT

Employer: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Day telephone number: _____ - _____

Position/Title: _____

AFFILIATIONS

Affiliations (Professional Organizations, Certifications, Service/Volunteer Activities, etc.)

_____	_____
_____	_____
_____	_____
_____	_____

MEMBERSHIP

I want to join the Alumni Association! Sign Me Up!

- Life-Time Membership \$360.00 (One time payment) Installment plans available
- Annual Dues \$25.00 (Make checks payable to Alumni Association)
- Scholarship Donation - I would like to make a difference and give \$ _____

**CREDIT CARD INFO:
CONFIDENTIAL**

Please charge my: Visa Master Card AMEX Discover

Credit card number _____ Exp. Date: _____

Signature as it appears on credit card _____

LOST ALUMNI

Can you help us locate other alumni? If so, please provide information below.

Name: _____

Address _____

City _____ State: _____ Zip Code _____

Phone number: _____ - _____