

ALUMNI MEMBERSHIP UPDATE FORM

MEMBER INFORMATION

Name:		
Date of birth: Mo _____ Yr _____	Cell:	Phone:
Current address:		
City:	State:	ZIP Code:
Email:		
Year of Graduation:	University if other than UMES:	

LOCAL CHAPTER MEMBERSHIP STATUS

Current employer:		
Check one box for your current membership status:		*Non- Member:
Regular Member:	Life Member:	Association Member:
Member At Large:	Honorary Member: Year Commenced:	
Position:	Hourly Salary <i>(Please circle)</i>	Annual income:

PREFERRED METHOD OF CONTACT

Check One Box		
Home Phone Call Reminder _____	Cell Phone Reminder _____	Email Reminder _____

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Email:		
Type of Member: (Write In)		Graduation Year:
Phone:	Cell:	Date of Birth: Mo _____ Year _____
If Honorary Member Year Commenced:		School If other than UMES:

OPTIONAL DUES PAYMENT PORTION

My dues for the new fiscal year have already been paid: _____		
I would like to pay... check one box below		
Note (personal checks and cash acceptable at meetings) (Personal Check Only for mailing)		
Local Dues: \$ 30 Per Person _____	National Dues: \$30 Per Person _____	Both: \$60 Per Person _____
Check here if it applies: _____ I am including dues payment for myself and my spouse		
Total Included: \$ _____	Circle Method of Payment: Cash or Personal Check	

***NOTE: IF YOU ARE CURRENTLY A NON- MEMBER YOUR MEMBERSHIP STATUS WILL BE UPDATED ONCE YOUR DUES ARE PAID**

Mail this form back to the address below even if you are not submitting dues. This form is needed to update all membership data.

**UMES Baltimore Chapter Alumni Association Inc
P.O. Box 26542,
Baltimore Maryland 21207**