

HOWARD COMMUNITY COLLEGE
ALUMNI ASSOCIATION
Membership Application

Lifetime Membership - \$30



ALUMNI CONTACT INFORMATION

Name _____ Maiden Name _____

Street Address _____

City, State, Zip _____
Code _____

Phone _____

Email Address _____

Graduation Year _____ Birth Month & Day _____

ALUMNI UPDATE

Other institutions attended _____

Occupation _____

Employer _____

Employer's Address _____

Milestones (marriages, births, promotions,
etc.) _____

Suggestions for alumni events _____

- I am interested in: (Check all that apply)
- | | |
|--|--|
| <input type="checkbox"/> speaking to current HCC students | <input type="checkbox"/> upcoming HCC special events |
| <input type="checkbox"/> making a gift to HCC student scholarships | <input type="checkbox"/> volunteer opportunities |
| <input type="checkbox"/> mentoring current HCC students | <input type="checkbox"/> other _____ |

PAYMENT METHOD (Check all that apply.)

Check enclosed for \$ _____ (Please make checks payable to HCC Educational Foundation)

Please return your completed
form with payment to:

HCC Educational Foundation
10901 Little Patuxent Parkway
Columbia, MD 21044

Or join online at:
www.howardcc.edu/alumni

Charge \$ _____ to Visa Mastercard American Express Discover

NAME AS IT APPEARS ON CREDIT CARD _____

SIGNATURE _____ DATE _____

CARD # _____ EXP. DATE _____

Thank you for joining the HCC Alumni Association!

