



Alumni Association Dues

First _____ Last _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

Degree(s) earned at VanderCook: _____ Class of _____ BMed Class of _____ MMed

I prefer to receive VanderCook News and Information by: _____ USPS Mail _____ E-mail _____ USPS Mail & E-mail

MEMBERSHIP

_____ \$ 25.00 - INDIVIDUAL MEMBER

For Couples Membership, please provide spouse's information

_____ \$ 40.00 - COUPLES MEMBERSHIP

NAME: _____

_____ \$ 5.00 - ALUMNI LAPEL PIN

E-Mail: _____

Please consider an additional gift to help the alumni association provide monetary alumni scholarships and support college activities throughout the year.

\$ _____ Membership Amount	+	<u>Additional Gift(s)</u> \$ _____ towards alumni scholarship \$ _____ to support alumni sponsored events	= TOTAL GIFT \$ _____

METHOD OF PAYMENT

MASTERCARD _____ VISA _____ DISCOVER _____ CHECK _____ CASH _____

NAME AS IT APPEARS ON CARD _____

CREDIT CARD NUMBER _____ EXP. DATE _____ CVC _____

SIGNATURE X _____

PLEASE MAKE CHECKS PAYABLE TO: VANDERCOOK COLLEGE OF MUSIC

Thank you for supporting your Alumni Association!

If you have news to share, please write it on the back of this form or enclose separate pages. Thank You!

FOR OFFICE USE ONLY

RECEIVED ON _____ EXPIRES _____ MATERIALS SENT ON _____ ENTERED IN CAMS _____