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Membership Form

Alumni membership

Last Name: _____ Maiden Name: _____

Fist Name: _____ M.I.: _____ S.S. #: _____

Undergrad Class Year: _____ Degree: _____ Major: _____

Graduate Class Year: _____ Degree: _____ Major: _____

Home Address: _____

Street City State Zip

Telephone: _____ Fax: _____

Home E-Mail Address: _____

Your Business or Profession: _____

Your Title: _____

Name of Firm or Employer: _____

Business Address: _____

Street City State Zip

Telephone: _____ Fax: _____

Business E-Mail Address: _____

Send mail to: Home Business Exclude My name from list provided to outside organizations.

Hostos Membership Dues: \$20

Your dues automatically qualify you for all services and benefits and enable Hostos to strengthen its outreach to alumni and students

BY CHECK:

I enclose \$20 for Hostos Membership Dues (make check payable to Hostos Community College Alumni Scholarship fund).

Additional contribution to the Hostos Alumni Scholarship \$ _____

BY CREDIT CARD:

Please charge (check one) \$20 for HCCAA Membership Due plus \$ _____ as an additional HCCAA contribution to:

MasterCard Visa

Number: _____ Expires: _____

Name on Card: _____

Date: _____ Signature: _____