RUTGERS CATHOLIC ALUMNI ASSOCIATION
Membership Application Form

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: ***Day*** _____ ***Evening*** _____

E-MAIL: _____ **FAX:** _____

YEAR OF GRADUATION _____ **SCHOOL:** _____

ADVANCE R.U. DEGREES, IF ANY: _____ **YEAR:** _____

OTHER R.U. AFFILIATIONS (e.g., ALUMNI ASSOCIATION, SCARLET R, FRIENDS OF R.U. LIBRARY, ADVISORY COMMITTEES/BOARDS, ETC.):

_____

_____

EMPLOYER: _____ **JOB TITLE:** _____

PARISH (include town & diocese):

_____

ACTIVITIES/INVOLVEMENT WITH PARISH: _____

_____

FAMILY (optional):
SPOUSE'S NAME: _____
CHILDREN (list w/ names, year of birth):

_____

_____

I WOULD LIKE TO BECOME INVOLVED WITH:

MENTORING UNDERGRADUATES
FUND-RAISING FOR ALUMNI ASSOC. COMMITTEE
RECRUITING/MEMBERSHIP
REUNION WEEKEND
NEW BUILDING DEVELOPMENT
HOMECOMING WEEKEND

TALENTS/SKILLS/OTHER SUPPORT I CAN OFFER:

_____

_____

_____

***Print form and fax or mail to*:**
RUTGERS CATHOLIC CAMPUS MINISTRY CENTER
17 Mine St., New Brunswick, NJ 08901
Tel: 732-545-6663 Fax: 732-545-3495