



LIFETIME MEMBERSHIP APPLICATION

DUES \$50.00

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ALUMNI ASSOCIATION OF NASSAU COMMUNITY COLLEGE, LTD.
One Education Drive, Garden City, NY 11530-6793 -
(Your cancelled check is your receipt)

Name _____
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Class Year _____ N Number # _____

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City _____ State _____ Zip _____

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Additional Contribution:

Scholarship _____ General Fund _____

Additional information requested...

Employer: _____

Job Title: _____

I would like to make a contribution of \$ _____ to the Scholarship Program.

This contribution is made under my employer's Matching Gift Program.
(Please check with your Personnel Office if your gift can be doubled to the College.)

I would like to participate as an officer or volunteer for the Association. Please contact me.

COMMENTS/SUGGESTIONS: