



Metro New York Regional Alumni Club Membership Form

New Member Returning Member

Name: _____
Salutation First MI Last

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (____) ____ - _____ Evening Phone: (____) ____ - _____

E-mail (VERY IMPORTANT): _____ **It is vital that we have your email address as virtually all communication with the membership is via email!**

Year(s) of graduation: _____ Degree(s): _____

College(s)/School(s): _____

Name of spouse (include maiden): _____

UofL graduate? Yes No Year(s): _____ School(s): _____

Special Interests: _____

Would you be willing to become a club officer? Yes No Committee chair? Yes No

\$20 Individual Membership \$25 Family Membership
 \$____ Scholarship Fund

Total Amount Enclosed: _____

**Please return form and check (made out to Metro NY Alumni Club) to:
Steven J. Bizzell, DMD
20 Confucius Plaza #43D
Ny, NY, 10002
646-872-8463 Feel free to call anytime!**

Thank you. We look forward to serving you!