

BARUCH COLLEGE ALUMNI ASSOCIATION, INC

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18 Month Membership Application/Renewal

Membership term: January 1, 2020 - June 30, 2021

Please verify your personal information and make any additions and corrections below. *Please Print.*

Name _____

Home Address _____

City _____ State ____ ZIP Code _____

Primary Class _____ Primary Degree _____

Phone _____

E-Mail _____

Withhold my name from outside organizations

Please consider making an additional contribution or bequest in support of our Alumni Association scholarships, programs and events

▶ **BCAA Class Membership Dues** \$ _____

18 Month Membership: \$65

▶ **Additional BCAA Contribution *** \$ _____

▶ **ENTER TOTAL AMOUNT HERE** \$ _____

* Contributions made to the BCAA are not intended for Baruch College Fund

Please make checks payable to the Baruch College Alumni Association, or you may charge your dues.

Check enclosed

MasterCard VISA American Express

Card Number _____

Expiration Date _____

Billing Address ZIP Code _____

Cardholder's Name _____

Cardholder's Signature _____

Dues and contributions are deductible to the extent allowed by law.

THANK YOU FOR YOUR SUPPORT!