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Annual Membership Application/Renewal

Membership term: July 1st, 2021 -- June 30th, 2022

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 in support of
Baruch College Alumni Association programs and events.**

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

Annual Membership: \$45

▶ **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 fully tax deductible
to the extent allowed by law.

THANK YOU FOR YOUR SUPPORT!