

BARUCH COLLEGE ALUMNI ASSOCIATION, INC



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18 Month Membership Application/Renewal

Membership term: January 1, 2026 - June 30th, 2027

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** _____

☐ 18 Month Membership: \$80 Dues

Before you finalize your donation, **please consider checking with your HR department** to see if they offer a matching gift program. If you need any assistance with this, please feel free to call or email us.

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

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

Dues support only BCAA.

Dues are not gifts to the College

Members are not College donors unless they also give to the 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 _____

CVC or CVC _____

Cardholder's Name _____

Cardholder's Signature _____

Dues and contributions are fully tax deductible to the extent allowed by law.
Scan here for online connection to the BCAA Website and online payment

THANK YOU FOR YOUR SUPPORT!

