

Membership Application



Personal Information

Last Name: _____ First: _____ MI: _____

Soc. Sec. No.: - - Degree/Year: _____
(Optional)

Home Address: _____ Apt# _____

City _____ State _____ Zip _____

E-mail Address: _____

REGISTRATION OPTIONS

Annual Membership:

Single \$25 Single, Recent Graduate* \$5 Single, Senior Alumni** \$15

Lifetime Membership:

Single \$300 Single, Senior Alumni** \$150

*Currently enrolled as a Vaughn College of Aeronautics and Technology student or earned a Vaughn College degree within the past one year.

**Must be 65 or older to qualify.

PAYMENT METHOD

Total Enclosed: \$ _____

CHECK: Please make your check payable to:

Vaughn College of Aeronautics and Technology Alumni Association

86-01 23rd Avenue, Flushing, NY 11369

CREDIT CARD: Please charge my: VISA MasterCard Discover

Credit Card #: _____ Exp. Date: _____

Signature: _____ Date: _____

Would you like to be a Vaughn College mentor? Yes No

What area of expertise are you available to mentor? _____