



# Camden Alumni Association

website: [www.camdenalumni.com](http://www.camdenalumni.com)



## Alumni Association Annual Dues and Alumni Association Scholarship Fund Donation Form

Please make your check payable to: **Camden Alumni Association**  
Mail your check with this form to: **Camden Alumni Association**  
**Lance Williams, Registrar**  
**15 Selden Drive**  
**Rome, NY 13440**

Please write year of graduation  
on your checks.

Alumni Association Dues: \_\_\_\_\_ alumni for \_\_\_\_\_ year(s) = \$ \_\_\_\_\_

*(Dues are \$5.00 per alumnus per year)*

Camden Alumni Association Scholarship Fund Donation: \$ \_\_\_\_\_

**Grand Total: \$ \_\_\_\_\_**

### Please complete the following information for each alumni counted above for the alumni association database update:

(Please Include Maiden Name If Applicable)

#### Alumnus #1:

Check box to use email as primary contact method:

Name: \_\_\_\_\_ Class of: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

#### Alumnus #2:

Check box to use email as primary contact method:

Name: \_\_\_\_\_ Class of: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Please complete for additional alumni on Page 2 of this form

**Alumnus #3:**

*Check box to use email as primary contact method:*

Name: \_\_\_\_\_ Class of: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

**Alumnus #4:**

*Check box to use email as primary contact method:*

Name: \_\_\_\_\_ Class of: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

**Alumnus #5:**

*Check box to use email as primary contact method:*

Name: \_\_\_\_\_ Class of: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

**Alumnus #6:**

*Check box to use email as primary contact method:*

Name: \_\_\_\_\_ Class of: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Spouse Name: \_\_\_\_\_