



# LIFETIME MEMBERSHIP APPLICATION

## APPLICATION

DUES \$50.00

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MAKE CHECK PAYABLE TO: ALUMNI ASSOCIATION OF NASSAU COMMUNITY COLLEGE, LTD.

One Education Drive, Garden City, NY 11530-6793 - (Your cancelled check is your receipt )

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Name \_\_\_\_\_ Class Year \_\_\_\_\_ N# or Last 4 Digits of SS# \_\_\_\_\_  
Last Maiden First

Address \_\_\_\_\_ Class Year \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ N# or Last 4 Digits of SS# \_\_\_\_\_

City \_\_\_\_\_ Last Maiden First State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Additional Contribution: Scholarship \_\_\_\_\_ General Fund \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Additional information requested...

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Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Additional information requested...  
I would like to make a contribution of \$ \_\_\_\_\_ to the Scholarship Program.

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
This contribution is made under my employer's Matching Gift Program.  
(Please check with your Personnel Office if your gift can be doubled to the College.)

\_\_\_\_\_ I would like to participate as an officer or volunteer for the Association. Please contact me.  
\_\_\_\_\_ I would like to make a contribution of \$ \_\_\_\_\_ to the Scholarship Program.

COMMENTS/SUGGESTIONS: \_\_\_\_\_  
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COMMENTS/SUGGESTIONS: \_\_\_\_\_

If you would like information concerning the Alumni Association, please contact the Alumni Office, at (516)) 572-7484

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