



Andrew College 1854

Alumni Association Membership Form

Name: _____
Last Middle/Maiden First

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Alt. Phone: (_____) _____ - _____

E-Mail Address: _____

Class of _____ Degree(s): _____

Did you transfer to another institution after Andrew? Yes _____ No _____

If yes, to where did you transfer? _____

Date of graduation from transfer institution: _____

Degree(s) from transfer institution: _____

Current Employer: _____ Job Title: _____

If your spouse also graduated from Andrew, please list their name, class year, and professional information: _____

\$25 Annual Fee **or** \$167 Lifetime Membership Fee (No renewal)

Please enclose check or money order made payable to the Andrew College Alumni Association.
Mail completed form and dues to:

Andrew College
Development Office
501 College Street
Cuthbert, GA 39840

OR join and pay online at www.andrewcollege.edu/alumni-association-form