

**Please print out and complete this form and return it with preferred payment to:
Mercy College Alumni Association, c/o Office of Institutional Advancement, 928 6th
Avenue, Des Moines, IA 50309-1239**

Alumni Membership Application

APPLYING FOR MEMBERSHIP

You may apply for membership in the Mercy College Alumni Association in any of the following ways:

1. **Phone/Fax** Complete and fax the application to 515-643-6698. Call 515-643-6628 with credit card information if preferred.
2. **Mail** Please print out and complete the application and return it with preferred payment to:

Mercy College Alumni Associations
c/o Office of Institutional Advancement
928 6th Avenue
Des Moines, IA 50309-1239

PLEASE SIGN ME UP AS A MEMBER OF THE MERCY COLLEGE ALUMNI ASSOCIATION.

Please complete all information. Please print clearly. Black or blue ink only.

Choose the association you would like to be a member of:

- Allied Health Alumni Association Nursing Alumni Association

First Name	Middle Name	Last Name	Maiden Name
Social Security Number (optional)	Date of Birth	(____) _____ Daytime Phone Number	Email Address
Number and Street	City	State	Zip Code
Graduation Year	Degree		

CHECK TYPE OF MEMBERSHIP:

- _____ \$25 - Alumni Membership
- _____ \$25 - Associate Membership (Friends of the program who did not graduate from Mercy.)
- _____ \$300 - Life Membership
- _____ \$5 - New Graduate Membership (First year after graduation)
- Yes, send me a copy of the 2008 Alumni Directory

CHECK TYPE OF PAYMENT:

- _____ Check enclosed
- Allied Health Alumni Association - Make checks payable to Mercy College Allied Health Alumni Association
- Nursing Alumni Association - Make checks payable to Mercy College Nursing Alumni Association
- _____ Charge to Mastercard, VISA, Discover

Credit Card Number	Expiration Date	Type of Card
Signature		