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## COLLEGE OF NURSING ALUMNI ASSOCIATION MEMBERSHIP FORM

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

### MEMBERSHIP

\$ \_\_\_\_\_ **Member**

**Annual Member** – \$35     **Sustaining Member** (\$15 goes to the Alumni Scholarship) – \$50

**Lifetime Member** – \$350

\$ \_\_\_\_\_ **Donation**

**Alumni Scholarship Fund**

**Alumni Gift Fund**

\$ \_\_\_\_\_ **TOTAL PAYMENT**

### PAYMENT OPTIONS

\_\_\_\_\_ Check enclosed (Please make checks payable to the *UC Denver Alumni Relations*)

\_\_\_\_\_ Please charge my credit card:     VISA     MASTERCARD     AMERICAN EXPRESS

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail or fax this form with payment to:

University of Colorado  
Office of Alumni Relations  
13001 E. 17<sup>th</sup> Place, A080  
PO Box 6508  
Aurora, Colorado 80045

If you have questions, please contact our office at:  
[healthalumni@ucdenver.edu](mailto:healthalumni@ucdenver.edu)

1.877.HSC.ALUM or 303.724.2518 (office) 303.724.1521 (fax)

**FOR OFFICE USE ONLY:**

EID # \_\_\_\_\_

PROCESSED DATE \_\_\_\_\_