

UNIVERSITY OF COLORADO DENVER LICENSE PLATE APPLICATION FORM

Please use one form per vehicle

Instructions

1. Fill out application form below
2. Submit form and payment to the alumni office
3. Please allow two weeks after submitting form and payment to receive the *Alumni License Plate Approval Certificate*
4. Take the approval certificate to your local county clerk's office where you will pay your standard license and registration fees, plus a one-time \$50 processing fee.

Select One Box	Alumnus Status	Donation and/or Membership
	School of Medicine dues paying alumni association member	\$50
	School of Medicine non-alumni association member (\$100 annual dues* + \$50 license plate fee)	\$150
	College of Nursing dues paying alumni association member	\$50
	College of Nursing non-alumni association (\$35 annual dues* + \$50 license plate fee)	\$85
	Physical Therapy Program dues paying alumni association member (\$50)	\$50
	Physical Therapy Professional non-alumni association (\$40 annual dues* + \$50 license plate fee)	\$90
	Physical Therapy New Professional non-dues paying member (\$25 annual dues* + \$50 license plate fee)	\$75
	I am a Physical Therapy student non-alumni association (\$10 annual dues* + \$50 license plate fee)	\$60
	I am a Dental Medicine/Pharmacy/Graduate School/Colorado School of Public Health	\$65
	Other Alumnus (please specify): _____	\$65

*Membership to the Alumni Association purchased with license plates are annual memberships and expire on June 30th.

License Plate Donation and/or Dues: \$ _____
 Additional Scholarship Donation (optional): \$ _____
TOTAL PAYMENT: \$ _____

Personal Information (Please Print Clearly)

Name (as appears on vehicle title): _____
 Student/Staff/Faculty/Alumni ID # (if known): _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Day Phone: _____ Evening Phone: _____
 E-mail: _____
 Alumnus/a of the University: Yes No
 If yes, Year: _____ College/Program/School: _____

Payment Information:

Enclosed is my check for \$ _____ payable to *CU Foundation* (please write "License Plates" in memo line)
 Please charge \$ _____ to my: Visa MasterCard AMEX Discover
 Card Number: _____ Expiration Date _____
 Name as it appears on the card _____
 Signature _____

Mail to:

Office of Alumni Relations – License Plates
 13001 E. 17th Place, A080
 Aurora, CO 80045

Or Fax to:

303-724-1521

Questions? Call 303-724-2518 or email healthalumni@ucdenver.edu

The money collected for CU License Plates goes to scholarships benefiting Anschutz Medical Campus students.
 Thank you for your support!