

## OFFICERS\*

I am interested in serving as an officer of the School of Education and Allied Human Services Alumni Association.

- \_\_\_\_\_ President
- \_\_\_\_\_ Membership Vice President
- \_\_\_\_\_ Programming and Events Vice President
- \_\_\_\_\_ Recording Secretary
- \_\_\_\_\_ Corresponding Secretary
- \_\_\_\_\_ Treasurer
- \_\_\_\_\_ Historian
- \_\_\_\_\_ Executive Council Representative

## COMMITTEES\*

I am interested in serving on the following committee(s):

- \_\_\_\_\_ Directory
- \_\_\_\_\_ Membership
- \_\_\_\_\_ Newsletter
- \_\_\_\_\_ Professional Growth
- \_\_\_\_\_ Scholarship
- \_\_\_\_\_ Social Events

\* Paid membership only.

## EVENT PLANNING!

I have an idea for a future SOEAHSAA event!

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## SOEAHSAA

### OFFICERS

#### *President*

Jacqueline Friedman Borruso '84, '90

#### *Membership Vice Presidents*

Oneil Eastmond '84

Eileen Massmann '51, '53

#### *Programming and Events Vice President*

Rey Reyes '98

#### *Recording Secretary*

Antoinette Tarantino '91, '93, '96

#### *Corresponding Secretary*

Janine Paolucci '95, '99

#### *Treasurer*

Thelma Holm Triant '73

#### *Historian*

Leslie Pieters '96

#### *Alumni Organization*

*Executive Council Representative*

Ilene Goldberg-Schuss '80, '04

#### *Alumni Organization*

*Executive Council Alternate Representative*

Kathleen Dwyer '96

#### *Immediate Past President*

Emily Kleinman Schreiber '65, '95



The School of Education and Allied Human Services Alumni Association is an official chartered group of the Hofstra University Alumni Organization.

2005/9/05



# HOFSTRA UNIVERSITY™

## School of Education and Allied Human Services Alumni Association



### HAGEDORN HALL HOME OF THE SOEAHS

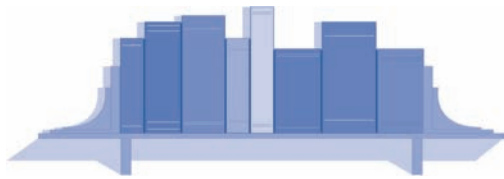


## 2005-2006 MEMBERSHIP APPLICATION

## PURPOSE/MISSION

The School of Education and Allied Human Services Alumni Association (SOEAHSAA) supports the mission of Hofstra University and that of the School. The Association collaborates with the University and the SOEAHS to:

- Provide alumni with opportunities for professional development, career planning, networking, and social activities.
- Support new professionals in education and the allied human services.
- Recognize accomplished graduates.
- Establish an endowed scholarship.
- Assist in the recruitment of students.
- Advocate social justice and equal opportunity.



## CONTACT INFORMATION

### School of Education and Allied Human Services

Hagedorn Hall  
119 Hofstra University  
Hempstead, NY 11549-1190  
Phone: (516) 463-5740

### Alumni Relations Office

Libby and Joseph G. Shapiro Alumni House  
150 Hofstra University  
Hempstead, NY 11549-1500  
Phone: (516) 463-6636  
E-mail: Alumni@hofstra.edu  
Web: www.hofstra.edu/alumni

## MEMBERSHIP FORM

### Membership Fees:

- \_\_\_\_\_ \$25 one-year membership  
\_\_\_\_\_ \$40 two-year membership  
  
\_\_\_\_\_ \$25 two-year membership  
(graduating students only)

Name \_\_\_\_\_

Year(s) of Graduation    B.A. \_\_\_\_\_    B.S. \_\_\_\_\_  
  M.A. \_\_\_\_\_    M.S. \_\_\_\_\_  
  B.S.Ed. \_\_\_\_\_    M.S.Ed. \_\_\_\_\_  
  M.H.A. \_\_\_\_\_  
  Ed.D. \_\_\_\_\_    Ph.D. \_\_\_\_\_

Major/Cert. Area \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Employing School District or Organization \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Yes! I wish to receive e-mails from Hofstra about University events.

Home E-mail \_\_\_\_\_

Work E-mail \_\_\_\_\_

## SCHOLARSHIP

Each year, the SOEAHSAA awards scholarships to graduate and undergraduate students pursuing degrees in education and allied human services. Your support of our scholarship fund will help us assist students for years to come. Your contribution is greatly appreciated!

I want to support the SOEAHSAA Scholarship Fund. Enclosed is my check in the amount of \$\_\_\_\_\_.

## METHOD OF PAYMENT

Enclosed is my check for \$\_\_\_\_\_, payable to Hofstra University.

Please charge my:

MasterCard     Visa     American Express

(Please note that there is a \$25 minimum in order to pay by credit card.)

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Please complete reverse side.

Please mail this completed form with payment to Alumni Relations.