



**BLACK/HISPANIC ALUMNI ASSOCIATION
2013 MEMBERSHIP FORM**

NAME _____
(Last) (Middle or Maiden) (First)

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE (H) : _____ (C): _____

EMAIL (H): _____

OCCUPATION: _____

BUSINESS NAME: _____

ADDRESS (B): _____

CITY/STATE/ZIP: _____

TELEPHONE (B): _____ (F): _____

YEAR OF GRADUATION OR ATTENDANCE: _____

If you know anyone who may be interested in receiving information about the Black/Hispanic Alumni Association, please send their names to Takita Mason at bhaapres@gmail.com.

Annual Membership Contributions are \$50.00 (\$15.00 for First Year Graduates)

I WOULD LIKE TO MAKE AN ADDITIONAL CONTRIBUTION OF \$ _____ TO THE BLACK /HISPANIC ALUMNI ASSOCIATION SCHOLARSHIP FUND.

TOTAL AMOUNT: \$ _____

PLEASE MAKE CHECKS PAYABLE TO: "HOFSTRA UNIVERSITY" (MEMO – BHAA)

OR CREDIT CARD AUTHORIZATION: CARD NUMBER _____ - _____ - _____ - _____

VISA **MASTERCARD** **AMERICAN EXPRESS** _____

NAME PRINTED ON CARD **EXPIRATION DATE**

PERSONAL CARD **BUSINESS CARD**

SIGNATURE

PLEASE RETURN THIS FORM WITH PAYMENT TO:
LIBBY AND JOSEPH G. SHAPIRO ALUMNI HOUSE, 150 HOFSTRA UNIVERSITY, HEMPSTEAD, NY 11549-1500