



HOFSTRA UNIVERSITY®

**ALUMNI ORGANIZATION INFORMATION REQUEST FORM**  
*Affinity Group Formation*

NAME OF INTEREST GROUP DANCE ALUMNI ASSOCIATION

NAME \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE NUMBER (H) \_\_\_\_\_ (B) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS TITLE/POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

HU700# \_\_\_\_\_ DEGREE(S) \_\_\_\_\_

VARSITY SPORTS PLAYED AT HOFSTRA \_\_\_\_\_

CLUBS/STUDENT GROUPS PARTICIPATED IN AT HOFSTRA \_\_\_\_\_

NAME OF SPOUSE \_\_\_\_\_

IF ALUMNUS, YEAR OF GRADUATION \_\_\_\_\_

MY HOME/BUSINESS ADDRESS INFORMATION HAS CHANGED WITHIN THE LAST YEAR

YES! Sign me up for my free subscription to **AlumNet**, Hofstra's monthly e-newsletter that shares Alumni highlights throughout the year. Please use this e-mail address:

By signing below, I indicate my interest and support of the establishment of the aforementioned group.

**Signature:**

**Date:**