

HCCC ALUMNI ASSOCIATION
Reservoir Rd
Herkimer, NY 13350

MEMBERSHIP APPLICATION

Name: _____

First *Last* *Maiden*

Home Address: _____

Street *City* *County* *State* *Zip*

Telephone No.: _____ E-Mail: _____

Year of Graduation: _____ Social Security #: _____

Degree Received: _____ Additional Education: _____

Your Occupation: _____

Spouse's Occupation: _____

Employer _____

Is Spouse HCCC graduate? _____

Employer _____

City *State* *Zip*

City *State* *Zip*

Phone _____

Phone _____

Children:

Name *Birthdate*

Name *Birthdate*

Name *Birthdate*

Name *Birthdate*

Name *Birthdate*

Name *Birthdate*

Additional comments/recent accomplishments:

My **\$25 ANNUAL** membership is enclosed

My **\$250 LIFETIME** membership is enclosed

Please charge my VISA/MASTERCARD (Note: there is a 3 week waiting period for verification)

Cardholders Name _____ Acct. # _____ Exp. Date: _____

PLEASE MAKE CHECK PAYABLE TO: HCCC ALUMNI ASSOCIATION

RETURN FORM TO: HCCC ALUMNI ASSOCIATION
RESERVOIR ROAD
HERKIMER, NY 13350
1-888-GO 4 HCCC (EXT. 259)
demarsbg@hccc.suny.edu