



# Application Form

**Yes, I want to be a member of CUGALA**  
Enclosed are my dues for the upcoming year.

\$15 New York Metro       \$10 National (outside NYC)  
 Free (for current graduating class)

New Member     Renewing Member

I wish to offer this extra support for CUGALA activities.  
*Thank you!*

**TOTAL** enclosed (Make check payable to CUGALA).

**Mail to: CUGALA, PO Box 875, New York, New York 10156.**

I do not wish to join today, but  
**Please ADD me to the MAILING LIST.**  
 I will consider sending my membership dues.

Name \_\_\_\_\_  
Class \_\_\_\_\_ College \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Significant Other Name: \_\_\_\_\_  
Class (if Cornell) \_\_\_\_\_ College \_\_\_\_\_

**I am interested in the following:**

CUGALA Newsletter       Activities in my local area  
 Helping w/Planning Committee \_\_\_\_\_  
 Homecoming Events (Fall)       Reunion Events (June)  
 Serving on the Board of Directors  
 Other \_\_\_\_\_

**Please send a newsletter to my Cornell friends who  
may be interested CUGALA:**

- 1.
- 2.
- 3.

**Include the following news about me in the next CUGALA  
newsletter:** \_\_\_\_\_