

Name: _____ Spouse _____

Name while attending BC3: _____ / _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Email: _____

Years Attended: _____ BC3 Graduation Year if applicable: _____ Birth Date: _____

Area of Study: _____ / _____

_____ I (We) would like to be an Alumni Association volunteer, please contact me (us).

Charter Member: \$19.65 (The College was chartered in 1965)

Lifetime Member: \$500 Total \$ _____

Method of Payment: _____ Check _____ Visa _____ Mastercard _____ American Express

Credit Card # _____ Exp. Date: _____ CSV: _____

Signature: _____

Please make the check payable to: BC3 Education Foundation