

## **Alumni Application Form**

## FREE MEMBERSHIP

YOUR COLLEGE RECORDS WILL BE UPDATED WITH THE INFORMATION PROVIDED BELOW Please send your completed form to One College Drive, Blythe, CA, 92225 – Attention: Denise Hunt

## PLEASE PRINT

First Name:	Last Name		
Last Name(s) while attending PVC:			
Date of Birth:	College I.D./ SSN:		
Mailing Address:	City	State	Zipcode
Cell Phone:	Night Phone:		
Email (Please PRINT):			
Years of attendance PVC:	Did you gra	aduate from PVC? _	YesNo
Which reunion class would you like to	be associated with (y	ear)?	
If never attended PVC, what is your re	elationship the institut	ion? Friend Emp	loyee/Retiree
Parent of graduate Spouse of g	graduate Other	(explain)	
Would you take a leadership role in de	eveloping the PVC Alu	mni Association?	YesNo
Would you like to receive email Alumn	ni and PVC news?	_YesNo	
<ul> <li>What Alumni services and programs w</li> <li>PVC e-News</li> <li>Alumni Facebook</li> <li>Alumni web page</li> <li>Alumni gatherings and events</li> <li>Alumni Credit Card</li> <li>Alumni discounts</li> <li>Alumni gear and memorabilia</li> <li>Alumni opportunities to volunte</li> <li>Alumni scholarships</li> <li>Alumni resume writing and care</li> <li>Other:</li> </ul>	eer eer assistance	orovided?	