

Please fill in applicable information and mail the completed form to
 Owens Community College Alumni Association, P.O. Box 10,000, Toledo, OH 43699-1947.

Biographical Information

Dr. Mr. Mrs. Miss Ms.

First Name _____

Middle Name _____

Last Name _____

Maiden Name _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Birthdate _____

Home Phone _____

Home E-mail _____

Date Graduated _____

Degree/Certificate _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____

Work E-mail _____

Position/Title _____

Preferred Mailing Address Home Work

Spouse Information

Owens Graduate Yes No

Dr. Mr. Mrs. Miss Ms.

First Name _____

Middle Name _____

Last Name _____

Maiden Name _____

Other Name _____

Address _____

City _____ State _____ Zip _____

Birthdate _____

Home Phone _____

Home E-mail _____

College/University _____ Date Graduated _____

Degree/Certificate _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____

Work E-mail _____

Position/Title _____

I wish to join at the following level:

Alumni – \$20 per year

With Spouse – \$40 per year

Tax Deductible Contribution to the Alumni Scholarship Fund

\$25 \$50 \$100 Other \$ _____

matching gift form is enclosed forthcoming

Do you have your Express Card Student ID? Yes No

I wish to join at the following level:

Check enclosed in the amount of \$ _____
 make payable to Owens Alumni Association

To pay using a credit or debit card go to
www.owens.edu/alumni or call (567) 661-7876.