

CHASE ALUMNI ASSOCIATION

P.O. Box 534, Lenox Hill Station
New York, NY 10021-0011 USA
www.chasealum.org
membership@chasealum.org

SPOUSE/PARTNER MEMBERSHIP FORM

Please complete this form and return by mail or e-mail attachment (no fax) to ensure the accuracy of our database, or fill out member information online, at www.chasealum.org.

CREDIT CARD - PREFERRED PAYMENT OPTION:

- One-year spouse/partner membership in the Association: \$5.
 Three-year spouse/partner membership in the Association: \$10.

If paying by credit card, please indicate if you want automatic renewal of your membership.
(You and your spouse will be charged \$45 for the combined one-year membership or \$110 for the combined three-year membership on the date of the primary membership's expiration.)
Thank you for your support.

Your Last Name _____ First Name/Initial/Nickname _____

Home address _____

Home City/State/Zip or Postal Code _____ Country _____

Home Telephone _____ Cell Phone _____

Preferred E-mail Address Home Office _____

Name of Spouse/Partner Alumnus Who Is **Already** a CAA Member _____

Your Company _____ Title _____

Years Worked at Chase (or merged bank): from _____ to _____

What countries? _____

What areas of the bank? _____

CREDIT CARD - PREFERRED PAYMENT OPTION:

- I prefer to pay by credit card, **AND**
 The Chase Alumni Association is authorized to renew my annual subscription unless I change my account on the Web site or notify the Association in writing to cancel my subscription.

AMERICAN EXPRESS # _____ EXP. _____

VISA /MASTERCARD # _____ EXP. _____

NAME AS APPEARS ON CARD _____

SIGNATURE _____ DATE _____

- CHECK ENCLOSED:** \$_____ (checks payable to CHASE ALUMNI ASSOCIATION).

The IRS has advised the Chase Alumni Association that membership dues are not deductible for personal income tax purposes.