

# CHASE ALUMNI ASSOCIATION

P.O. Box 534, Lenox Hill Station  
New York, NY 10021-0011 USA  
[www.chasealum.org](http://www.chasealum.org)  
[membership@chasealum.org](mailto:membership@chasealum.org)

## 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](http://www.chasealum.org)**.

One-year membership in the Association: US\$40

Three-year membership in the Association: US\$100

If paying by credit card, please indicate if you want automatic renewal of your membership. Thank you for your support.

Last Name \_\_\_\_\_ First Name/Initial/Nickname \_\_\_\_\_

Home address \_\_\_\_\_

Home City/State/Zip or Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Telephone \_\_\_\_\_ Home Fax \_\_\_\_\_

Home E-mail \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Company \_\_\_\_\_

Title \_\_\_\_\_

Office address \_\_\_\_\_

Office City/State/Zip or Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Office Telephone \_\_\_\_\_ Office Fax \_\_\_\_\_

Office E-mail \_\_\_\_\_ Cell phone \_\_\_\_\_

Comments: \_\_\_\_\_

### 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.