

CHASE ALUMNI ASSOCIATION

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

- For a one-year membership in the Association, please enclose \$40.
- For a three-year spouse/partner membership in the Association, please enclose \$100.

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 _____

Your Company _____ Title _____ (Retired?) _____

Office telephone: _____

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 (American Express, VISA or MasterCard), AND
- The Chase Alumni Association is authorized to renew my annual subscription unless I notify the Association in writing to cancel my subscription.

CREDIT CARD # _____ EXP. DATE _____

NAME AS APPEARS ON CARD _____

SIGNATURE _____ DATE _____

- CHECK ENCLOSED \$ _____ (Please make check payable to Chase Alumni Association)