

## 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**.

For a one-year spouse/partner membership in the Association, please enclose \$5. 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 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 (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)