## Sign me up for the DSCC Alumni Association! Name: \_\_\_\_\_ Name #2: (Spouse, if he or she is joining as an alumni member) Address: City:\_\_\_\_\_ State: Zip: Phone: Home Work Cell Personal Email: \_\_\_\_\_Friend of DSCC or \_\_\_\_\_DSCC Graduate Year(s) I/we graduated\_\_\_\_\_(#2-Spouse)\_\_\_\_ Major(s) if any: By joining, I will help fund the DSCC Alumni Scholarship and will receive all my membership benefits. Amount Due:\_\_\_\_\_(\$25 Individual or \$35 per Couple) Additional Gift: \_\_\_\_\_\_ Total Enclosed: \_\_\_\_\_ Payment Options: Check enclosed. Checks may be made to DSCC Alumni Association. Give online: www.dscc.edu/annualfund Please return the completed form along with your membership dues to: **DSCC Office of Alumni Affairs**

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