



CLARENDON COLLEGE
ALUMNI ASSOCIATION
SOUTH FLORIDA CHAPTER
MEMBERSHIP APPLICATION

Name: _____

Phone number _____ Cell _____ Home _____

Email address _____

Mailing address

Years attended Clarendon College _____

Family member/s who attended Clarendon College _____

New membership

Renewal

Application for: Full membership

Associate membership (non alumni)

Please indicate interest in any of the following committees:

Scholarship

Fundraising

PR

Magazine

Ball planning

Entertainment

Event related tasks

CLARENDON COLLEGE ALUMNI ASSOCIATION, INC.
SOUTH FLORIDA CHAPTER
POST OFFICE BOX 245125, Pembroke Pines, FLORIDA 33024