

**BISHOP COLLEGE ALUMNI ASSOCIATION**

www.bishopcollegealumni.com

**Membership Application**

1 year membership \$50.00

2 year membership \$100.00

**Please Print Preferred Communication** \_\_\_email \_\_\_mail

**Mr. Mrs. Ms. Dr.:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Phone: Home \_\_\_\_\_

Cell \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Year Graduated \_\_\_\_\_

Major \_\_\_\_\_

I attended Bishop College in \_\_\_\_\_ Marshall \_\_\_\_\_ Dallas

**I am interested in the following committees:**

\_\_\_\_\_ Membership \_\_\_\_\_ Alumni Association in my area

\_\_\_\_\_ Program \_\_\_\_\_ Technology/Marketing/Media

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Received \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_

Membership Number \_\_\_\_\_

**Bishop College Alumni Association Reunion Pre-Registration Form**  
**For pre-registration fill out form below:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Enclosed: (\$175.00) each for \_\_\_\_\_ person(s).

(\$325.00) per couple \_\_\_\_\_

Ad check: \_\_\_\_\_

Total amount enclosed: \_\_\_\_\_

**Mail to:**

Bishop College Alumni Association  
P.O. BOX 764896  
Dallas, TX 75376