

BARUCH COLLEGE ALUMNI ASSOCIATION, INC

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# 18 Month Membership Application/Renewal

Membership term: January 1, 2021 - June 30, 2022

Please verify your personal information and make

any additions and corrections below. *Please Print.*

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_\_

Primary Class \_\_\_\_\_ Primary Degree \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Withhold my name from outside organizations

**Please consider making an additional contribution or bequest in support of our  
Alumni Association scholarships, programs and events**

▶ **BCAA Class Membership Dues**      \$ \_\_\_\_\_

18 Month Membership: \$65

▶ **Additional BCAA Contribution \***      \$ \_\_\_\_\_

▶ **ENTER TOTAL AMOUNT HERE**      \$ \_\_\_\_\_

\* Contributions made to the BCAA are not intended for Baruch College Fund

**Please make checks payable to the  
Baruch College Alumni Association,  
or you may charge your dues.**

Check enclosed

MasterCard  VISA  American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Address ZIP Code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Dues and contributions are deductible to  
the extent allowed by law.

**THANK YOU FOR YOUR SUPPORT!**