UCR Alumni Association Committee Application

Applicant must be a graduate of UCR. Please feel free to attach a current resume. Please email to ucralum@ucr.edu.

Personal		
Full Name:		Class Year:
Name on student records:		
Address:		_
City:	State:	Zip Code:
Phone Number:	Fax Number:	
E-mail:		Preferred e-mail
Business		
Business Name:	Title	<u>:</u>
Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
E-mail:		Preferred e-mail
Education		
Institution:		Year:
Degree:	Major:	
Institution:		Year:
Degree:	Major:	
Institution:		Year:
Degree:	Major:	

University involvement since graduation		
Personal activities		
Community activities		
M/b	Naca siation Committee 2	
Why would you like to serve on a UCR Alumni A	Association Committee?	
Which board committees are of interest t	to you? (check all that apply)	
☐ Membership & Marketing ☐ Student Scholarships	☐ Alumni Engagement	
Legislative Advocacy		
Are you a current member of the UCR Alu	umni Association?	
○Yes ○No		
O res O No		
Signature:	Date:	