



**MONTGOMERY COUNTY CHAPTER**

BOWIE STATE UNIVERSITY  
NATIONAL ALUMNI ASSOCIATION, INC.

**Membership Application**

***Caveat: Graduation is not a requirement for membership.***

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Year(s) Attended: \_\_\_\_\_ Graduation Class: \_\_\_\_\_ Major: \_\_\_\_\_

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

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

Home #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**Please List:** Organizations, Sports Teams, Affiliations, Associations, etc.:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently a lifetime member of the National Alumni? Y \_\_\_\_\_ N \_\_\_\_\_