

Application for Associate Alumni Membership

Please contact the Alumni Service Office at 403-220-8500 if assistance is required.

Date requested: _____

Title: _____ First name: _____ Last name: _____

Date of birth (D/M/Y): _____ Sex: _____ UCID (if known): _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone number: _____ Email: _____

Education Information:

Proof of program completion must be included in your application. Please submit an electronic copy of your certificate or degree with this form.

_____ I have completed a non-degree program through the University of Calgary (\$0.00*)

Non-degree programs include Continuing Education certificate programs, post-doctoral programs or residency programs

*This is a one-time application and yearly renewal is **not** required

Please list the University of Calgary program(s) you have completed:

Program	Year of Completion
_____	_____
_____	_____
_____	_____

_____ I have completed a post-secondary program through another institution (\$36.75/year**)

A member of the alumni team will contact you to process payment upon receipt of application

**Yearly renewal is required

Please list the post-secondary program(s) you have completed:

Institution	Program	Year of Completion
_____	_____	_____
_____	_____	_____
_____	_____	_____

Completed applications may be emailed to alumni@ucalgary.ca. A member of the alumni team will contact you in 1-2 business days upon receipt of your application. Full membership processing will be completed in 3-5 business unless otherwise notified.

For office use only

Date received: _____	Processed by: _____	Application type: __ New __ Renewal
Proof of program: __ Yes __ No	POI form submitted: __ Yes __ No	Paid (if applicable): __ Yes __ No
RE record completed: __ Yes __ No	RE ID number: _____	Date completed: _____