



UNIVERSITY OF GUAM ALUMNI MEMBERSHIP APPLICATION

Name: _____ Date: _____

Degree: _____ Year of Graduation: _____

Birthdate: _____

Mailing Address: _____

E-mail Address: _____

Contact Numbers: (H) _____ (W) _____ (C) _____

Place of Employment: _____

Fees: \$30 annual membership \$1,000 lifetime membership

If you would like more information, please contact any of the following:

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