

## HUSTON-TILLOTSON INTERNATIONAL ALUMNI MEMBERSHIP APPLICATION

APPLICANT INFORMATION		
Name:		
Date of birth:	HT Class or years of attendance:	Phone:
Current address:		
City:	State:	ZIP Code:
E-mail	Alumni Chapter Affiliation (If Any) :	
EMPLOYMENT INFORMATION		
Current employer or Last Employer if Retired:		
Years Employed		
Position:	and the second s	
HOW WOULD YOU LIKE TO BE CONTACTED BY HTU, THE ALUMNI AFFAIRS OFFICE, AND THE ALUMNI		
Name of a relative not residing with you:		×
E-mail		
US Postal Service	and the second se	The second se
SPOUSE INFORMATION IF JOINT MEMBERSHIP (HT ATTENDANCE NOT NECESSARY FOR MEMBERSHIP)		
Name:		
HT Class or years Attended:	University Attended if Not HT	
SPOUSE EMPLOYMENT INFORMATION		
Current employer or Last Employer if Retired:		
Position:	and the second	How Long?
MEMBERSHIP PAYMENT \$35.00 INTERNATIONAL MEMBERSHIP (IF NOT PAID THROUGH AN ALUMNI CHAPTER)		
Check#		
Money Order		
RELATIVES WHO ATTENDED HT		
Name and Class Year:	Name and Class Year:	
Name and Class Year:	Name and Class Year:	
SIGNATURES		
I authorize the International Alumni Association to utilize, publish, and share my information with Huston-Tillotson University and trusted affiliates.		
Signature of applicant:		Date:
Signature of spouse (only if for a joint membership):		Date:

## Please return you application to:

HT International Alumni Association PO Box 203522 Austin, TX 78720-3522