

FLORIDA KEYS COMMUNITY COLLEGE

ALUMNI ASSOCIATION

Membership Application

Name: _____
(Last) (First) (MI) (Maiden)

Mailing Address:
Street _____ P.O.Box _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

E-Mail Address: _____ Year graduated from FKCC: _____

Occupation/Title _____ Employer _____

Business Address:
Street _____ City _____ State _____ Zip _____

What type of alumni activities would interest you?

- Class Reunions Alumni Dinners
- Music and Theater Events Athletic Activities
- Lectures and Workshops Group Travel Programs
- Other (please specify) _____

Would you be interested in serving on an Alumni Association Committee?

If yes, which committee would interest you?

- Membership Governing Board Special Activities
- Newsletter Annual Fund Awards and Scholarships

Comments, suggestions, ideas:

Please mail your membership application to:

Florida Keys Community College
Alumni Association
5901 College Road
Key West, Fl. 33040
