

ΣAE San Diego Area Alumni Association Membership Application

(Please print clearly on form)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: Work _____ **Home** _____

Email: _____

Chapter: _____ **Graduation Year:** _____

Occupation: _____

Activities you would be interested in: _____

Annual Dues: Regular Membership \$25
 Century Club \$100 or More

Please mail this form, with check payable to: **ΣAE Alumni Association,
Dick Troncone 2245 San Diego Avenue, Suite 222 San Diego, CA 92110**