



FCSA ALUMNI INC. MEMBERSHIP APPLICATION

Mailing Address:
FCSA Alumni, Inc.
200 S. Biscayne Blvd
Miami, FL. 33131

Email: fcsaalumni@gmail.com Website: www.fcsaalumni.org

Personal Information:

First Name: _____ Middle Initial: ____ Maiden Name: _____

Last Name: _____ Date of Birth (optional): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Mobile: _____

Primary E-Mail Address: _____

Heritage [Country(ies) of Origin] _____

Shirt Size (check one): XS S M L XL

Professional Information:

Field of Work: _____

The following information is *OPTIONAL*:

Current Employer: _____ Job Title: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Work Phone Number: _____ Extension: _____

Business E-Mail Address: _____

Scholastic Information:

Undergraduate Institution: _____

Major: _____ Type of Degree: _____ Graduation Date: _____

Graduate/Professional School Institution: _____

Major: _____ Type of Degree: _____ Graduation Date: _____

Other: _____

(If applicable) CSA Executive Board Position: _____ Year: _____

Disclaimer: Information that you provide on these forms (specifically current city, state, country; field of work; and undergraduate institution) will be categorized into the Alumni Database. If you do not want your information published, please contact fcsaalumni@gmail.com



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INTEREST:

Check all that apply:

- COMMUNITY SERVICE
- MEMBERSHIP / RECRUITMENT
- MENTORSHIP
- PROFESSIONAL DEVELOPMENT
- OTHER _____

Community Service: Volunteering in future FCSA Alumni Events.

Membership: Assisting with member recruitment and retention.

Mentorship: Participating in Mentorship program.

Professional Development: Willing to be a future guest speaker, sponsor, workshop facilitator, etc.

MEMBERSHIP FEE:

Fiscal Year: Jan 1 – Dec 31

Yearly Membership Dues: \$20.00

Please return membership application & fees to:

FCSA Alumni, Inc.
Attn: Fred Gilliam, Director
of Finance
5004 Bordeaux Village Place
Unit 201
Tampa, FL 33617

Make Money Order Payable to:
FCSA ALUMNI, INC.

I _____
(PRINT NAME)

commit to being a member of the Florida Caribbean Students Association Alumni Inc. and will participate to the best of my ability.

(Signature)

(Date)