

2009 TELACU Scholars Alumni Association Membership Application

Please make your check payable to "TELACU Education Foundation" and mail along with application to:
TELACU Education Foundation | Alumni Office | 5400 E Olympic Blvd | Third Floor | Los Angeles, CA 90022

Personal

First Name	Last Name	Date of Birth	
Mailing Address	City	State	Zip
Permanent Email	Alternate Email		
Home Phone	Cell Phone	Business Phone	
Business/Employer	Title/Position		
Professional & Academic Affiliations/Awards _____			

Education

High School	Year Graduated		
College/University	Year Graduated	Major	Degree(s)
Graduate School	Year Graduated	Major	Degree(s)

Participation in TELACU Programs (CHECK ALL THAT APPLY)

<input type="checkbox"/> Scholarship Program _____ <small>YEARS ATTENDED & SPECIAL PROGRAM / RECOGNITION IF APPLICABLE</small>			
<input type="checkbox"/> Fellowship Program _____ <small>YEARS ATTENDED</small>	<input type="checkbox"/> Talent Search _____ <small>YEARS ATTENDED</small>	<input type="checkbox"/> Youth Services _____ <small>YEARS ATTENDED</small>	
<input type="checkbox"/> Classic Upward Bound _____ <small>YEARS ATTENDED</small>	<input type="checkbox"/> Veterans Upward Bound _____ <small>YEARS ATTENDED</small>		

Membership

<input type="checkbox"/> Founding (\$50.00/3 years)	<input type="checkbox"/> General (\$25.00)	<input type="checkbox"/> Associate (\$15.00)	<input type="checkbox"/> Affiliate (\$25.00) _____ <small>AFFILIATION TO TELACU</small>
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Areas of Interest

<input type="checkbox"/> Membership & Outreach	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Community Service	<input type="checkbox"/> Other _____		

I certify that the information on this application is true.

Signature	Date
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The TELACU Education Foundation does not sell or otherwise release your information to anyone outside the Foundation.