



Alumni Admission Committee (AAC) Membership Card

PLEASE PRINT CLEARLY

Name _____ I am: Female Male

College: Liberal Arts Science & Engineering A. B. Freeman Public Health Architecture

Graduation Year: _____

Major(s) _____ Minor(s) _____

New Address Following Graduation (if known, otherwise please provide permanent address (parents' address)):

Street _____ City _____ State _____ Zip _____

Email Addresses:

(@yahoo, @gmail, @aol, etc.) _____

(@tulane.edu) _____ (@tulanalumni.net) _____

Phone Numbers (after graduation):

Cell () _____ Home () _____ Work () _____

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