



# UBAA Membership Form

Thank you for joining the UB Alumni Association!

Please complete the information below, print out the form and fax or mail it back to us. If you prefer to pay by credit card, an [online application](#) is available for immediate, electronic submission through our secure server. If you have questions, contact us by phone at 1-800-284-5382 or [e-mail](#).

Mail application to:

Office of Alumni Relations  
 University at Buffalo  
 103 Center for Tomorrow  
 Buffalo, NY 14260

Fax: (716) 645-3838

## Required Information

Name	
Name Used While Attending UB (if different than above)	
Class Year(s)	
Major(s)	
Home Address	
City	
State	
Home Phone	
E-Mail	

## Type of Membership (US \$)

- \$50 Individual Membership (Valid for 12 full months from date of purchase)
- \$60 Family Membership\* (Valid for 12 full months from date of purchase for 2 members living at the same address)
- \$135 Three Year Membership (Valid for 36 months from date of purchase)
- \$165 Three Year Family Membership\* (Valid for 36 months from date of purchase)
- Recent Graduates Individual Membership, \$30 (Special discount for the classes of 2009, 2008 and 2007)

*Name of second member on Family Membership	
Degree Year	
Degree School	

If you are an alumnus of the School of Law or School of Medicine and Biomedical Sciences  
Please contact the Office of Alumni Relations for membership rates.

**Select Method of Payment**

Visa  Mastercard  American Express  Discover  
 Check, payable to UB Alumni Association  Money Order

Credit card number	
Expiration date	
Authorized signature	

**Employer Information (optional)**

Employer	
Job Title	
Employer Address	
Employer City	
Employer State	
Employer Zip Code	
Work Phone	
Fax	

Please Print out this form and mail or fax it to the Office of Alumni Relations:

**Mail:**

Office of Alumni Relations  
University at Buffalo  
103 Center for Tomorrow  
Buffalo, NY 14260

*Thank you.*

**Fax:** (716) 645-3838