



UBAA Membership Form

Thank you for joining the UB Alumni Association!

If you received a degree from Management, Pharmacy, Social Work or Engineering, you will be automatically enrolled in your school-based alumni association as well. These schools have partnered with the UB alumni Association to offer additional services and benefits specific to their particular schools. Your alumni association membership dues help support these initiatives.

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)
- New Graduate Individual Membership, \$30 (Special discount for the classes of 2011, 2010 and 2009)

If you are an alumnus of the School of Law, School of Medicine and Biomedical Sciences or an employee of UB, please contact the Office of Alumni Relations at 800-284-5382 for membership rates.

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

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

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:

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Thank you.

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