



Alumni Connection Group Request to Affiliate

Name of Alumni Group:

Description or Purpose of Group:

of Members:

Primary Contact

The primary contact will receive all official notices.

Name:

Address:

Phone and E-mail:

(Continued on back)

Assembly Delegate

The Assembly Delegate may be the primary contact or someone selected specifically to represent the group within The Association of Southwestern University Alumni.

Name:

Address:

Phone and E-mail:

Homecoming Planning Committee Representative

If relevant to the interests of the group, the Alumni Connection Group may select a representative to serve on the Homecoming Planning Committee.

Name:

Address:

Phone and E-mail:

Signed:

Date:

Alumni Connection Group Representative

Signed:

Date:

Alumni Office Representative

This request was reviewed and approved by the Alumni Council on [date]: _____