



BOYS & GIRLS CLUB OF CLIFTON, INC.

ALUMNI APPLICATION

PLEASE PRINT CLEARLY

FIRST NAME: _____ LAST NAME (INDCLUDE MAIDEN NAME): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ DATE OF BIRTH: _____ E-MAIL: _____

WHERE EMPLOYED: _____ OCCUPATION: _____

WORK PHONE #: _____ CELL PHONE #: _____

GRADE SCHOOL: _____ MIDDLE SCHOOL: _____

HIGH SCHOOL: _____ GRADUATION YEAR: _____

DID YOU ATTEND THE BOYS CLUB or THE GIRLS CLUB: _____

WHAT YEARS DID YOU ATTEND: _____

WHAT DID YOU LEARN AT THE CLUB: _____

MEMORIES YOU WANT TO SHARE: _____

MAY WE INCLUDE YOU IN OUR ALUMNI DIRECTORY? YES _____ NO _____

IF YES, IS THERE ANY INFORMATION WE SHOULD EXCLUDE? YES _____ NO _____

IF YES, WHAT INFORMATION? _____

DO YOU HAVE ANY FRIENDS WHO ATTENDED THAT WOULD LIKE TO BE ADDED TO OUR ALUMNI LIST?

NAME: _____ PHONE #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WOULD YOU LIKE MORE INFORMATION ON:

ONE CAMPAIGN

ALUMNI ASSOCIATION

VOLUNTEER

BINGO

PROGRAM

Fax to (973) 773-3103 or
E Mail to: rfoster@bgcclifton.org