



# 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 SHUOLD 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