

Clark Atlanta University Houston Chapter Alumni Association

In an effort to recruit alumni and maintain alumni involvement, we would appreciate your feedback on how to improve the organization.

Demographic Information			
Name:	Email:		
Address:	City, State, Zip:		
Home Phone:	Cell Phone:		
Current Availability			
Day of the week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time of day (please specify time) <input type="checkbox"/> Morning _7:00 _8:00 _9:00 _10:00 _11:00 <input type="checkbox"/> Afternoon _12:00 _1:00 _2:00 _3:00 _4:00 <input type="checkbox"/> Evening _5:00 _6:00 _7:00 _8:00 _9:00		
Alumni Association Interests			
<input type="checkbox"/> Community Outreach		<input type="checkbox"/> Social Events	
<input type="checkbox"/> Recruitment		<input type="checkbox"/> Networking opportunities	
<input type="checkbox"/> Other _____			
How do you hear about Alumni Association Meetings and Events			
<input type="checkbox"/> Email/Evite <input type="checkbox"/> Phone <input type="checkbox"/> Facebook <input type="checkbox"/> Alumni Association Member <input type="checkbox"/> Friend/Family			
Alumni Information			
<input type="checkbox"/> Clark College <input type="checkbox"/> Atlanta University <input type="checkbox"/> Clark Atlanta University	Year of Graduation _____	Degree Earned _____	Are you Currently a Member of the Alumni Association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Feedback			
<p style="text-align: center;">Please feel free to give any additional information about the Houston Chapter Alumni Association and how to improve our involvement with the University and the Community.</p>			