



HOUSTON CHAPTER OF THE CLARK ATLANTA UNIVERSITY ALUMNI ASSOCIATION, INC.

Clark College, Atlanta University & Clark Atlanta University

MEMBERSHIP INFORMATION

Name: _____

Address: _____

Mailing Address (if different): _____

Gender: _____ Marital Status: _____

Home Phone: _____ Email Address: _____

Employer: _____

Work Phone: _____ Work Email: _____

Birthday: _____

Year(s) Attended or Graduated from CC, AU, or CAU: _____

Major(s): _____

Committee Interest:

Membership ____ Fundraising ____ Recruitment ____

Budget ____ Program ____

Comments/Suggestions:

Mail Membership Form to:

HC CAUAA

P.O. BOX 301151

HOUSTON, TX 77054