THE OHIO STATE UNIVERSITY ALUMNI CLUB OF

NEW YORK CAPITAL REGION

Annual Membership Application (Starts July 1)

Name:	
Family	Members:
Address:	
City:	Zip:
Phone: _	Email:
Hometov	vn:
Year of G	Graduation or Attendance:
If parents	of a student, please note student's name
	cle <u>single,</u> or <u>family</u> above and submit this completed form so that we can atabase updated.
OSUAA, yo fund. We v check to o	to your membership, unless you prefer a sustaining membership in the ou are encouraged to contribute whatever amount to our Club's scholarship will deposit this into the Club's savings account and in January, send a ur Current Use Fund in Columbus. Our club's scholarship(s) goes to an serving student, or students, from our area.
Scholarshi	p Amount:
	ks payable to: U Alumni Club of NY Cap Region
Mail to:	
	OSU Alumni Club of New York Capital Region
	Northern Pines Rd., #107
Gaı	sevoort. NY 12831

If you would like a sustaining membership, please let us know so that we can provide you with the proper form to be mailed to Columbus. A sustaining membership also allows you to purchase football tickets.