Emory University
Alumni Chapter for Spain and Portugal
Membership Form

Personal Data:

Name: _____
Last Name _____
Address: _____
_____
City: _____Province: _____
Zip Code: _____Country _____
Telephone: (____)_____
Email address: _____

Relationship with Emory:

( ) Current Student School: _____ Graduation Year: _____
( ) Alumni School: _____ Graduation Year: _____
( ) Friend

Professional Data (*)

Job Title: _____
Company: _____
Address: _____
_____
City: _____Province: _____
Zip Code: _____Country _____
Telephone: (____)_____
Email address: _____

Please let us know which data you prefer to use for mailing or contact :

( ) Personal ( ) Professional

_____

Areas of interest that you would like see developed through the Chapter:

_____

Any suggestions for events:

_____

Would you like to be a volunteer to help the Chapter? If so, please specify (general, events, website, etc.).

_____

Are you in touch with any other Emory alumni in Spain or Portugal? If so, please provide us with their contact details if you have them or ask them to get in touch with us.

_____

Any general comments or suggestions?

Signature_____

Please return this form:

By fax: 34-91-781-1578.

By mail to:

Emory Alumni Chapter of Spain & Portugal
Atn. M. Di Santo
Nuñez de Balboa, 4, 1-A
28001 Madrid España