



MOUNT CARMEL
College of Nursing

Mount Carmel Alumni Association Membership Form

Please print this form, complete and mail with your dues to:

Mount Carmel Alumni Association
Attn: Membership Chairman
127 South Davis Avenue
Columbus, Ohio 43222

Check payable to the Mount Carmel Alumni Association

Annual Dues \$25 Lifetime Dues \$250

First Name Maiden Name (if applicable) Last Name

Street Address City State Zip

Phone # Grad uation Year E-mail address

Membership year runs from January 1 - December 31