



UNIVERSITY *of*  
**DUBUQUE**  
ALUMNI ASSOCIATION

## Membership Form

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete form and mail to: Alumni Office, University of Dubuque, 2000 University Ave, Dubuque, IA 52002