Carnegie Mellon | Alumni

Annual Membership Report
For Dues Paying Chapters:

To be returned to the Office of Alumni Relations by July 1.

Chapter Name: _____
Chapter Liaison: _____
Submitted By: _____
Email: _____

Membership Information:
Total number of dues paying members: _____

Membership Roster: *(Attach an alphabetical list of current members on a separate sheet; list any additional notes in this sheet)*

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Membership Financial Information:

	Total Members	Cost of Membership	Total
Young Alumni			
Alumni			
Other			
		Revenue Generated	

Please fax this form to 412-268-7239, or mail to your chapter liaison at:
Carnegie Mellon Office of Alumni Relations, 6 PPG Place, 14th Floor, Pittsburgh, PA 15222-5409.