

# FANNI REUNION FOUNDATION, INC.

A California Non-profit Public Benefit Corporation

3185-A Airway Ave., Costa Mesa, CA 92626

Tel: (949)640-6501



## MEMBERSHIP APPLICATION

PLEASE USE CAPITAL LETTERS

### **PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Cellular: \_\_\_\_\_

### **EDUCATIONAL INFORMATION**

Institution	Year Graduated	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### **EMPLOYMENT & BUSINESS INFORMATION**

(Optional)

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Major Activities: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

Membership No.: \_\_\_\_\_

Approved By: \_\_\_\_\_

Membership Class: \_\_\_\_\_

Date: \_\_\_\_\_