



## Alumni Enrollment Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Work Phone \_\_\_\_\_

Member year(s) \_\_\_\_\_

Program area \_\_\_\_\_

### Tell us in which areas you are interested in volunteering

- Judging/Proctoring/Grading at the State Leadership Conference
- Event judge recruitment
- Chapter assistance
- Business partnership recruitment
- Alumni recruitment
- Alumni Board Officer
- Time and talent volunteer to better MN BPA \_\_\_\_\_
- General help

Thank you for completing this form and your interest in volunteering with us!