



**P.O. Box 2018  
Duluth, GA., 30096  
Telephone #: (704) 325-9167**

## **MEMBERSHIP FORM NEW/RENEWAL MEMBERS**

We are pleased to welcome you to the Ardenne Alumni Association Atlanta Chapter (AAAAC) and invite you to visit our website at [www.ardennealumatl.com](http://www.ardennealumatl.com) or send emails to [ardenne.atlanta@gmail.com](mailto:ardenne.atlanta@gmail.com)

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Please complete and return via email. **PRINT LEGIBLY** using black or blue ink.

**Membership Fee is US\$50.00 per annum** (fee is waived for new graduates).

Payment Methods: check payable to Ardenne Alumni Association Atlanta Chapter; Zelle to [ardenne.atlanta@gmail.com](mailto:ardenne.atlanta@gmail.com); CashApp to (704) 325-9167 (\$ArdenneAtlanta) indicate your name in memo field; **PayPal or Square US\$51.75 includes processing fee.** Visit the website at [www.ardennealumatl.com](http://www.ardennealumatl.com) if making payment by PayPal or Square.

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

Alias Name(s) @ Ardenne: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Class of (Graduating Year): \_\_\_\_\_ Sports House Color/Name: \_\_\_\_\_

Birthday (month & date): \_\_\_\_\_

Activities and Interest while @ Ardenne: \_\_\_\_\_

As an alumna/alumnus, I would like to contribute to the area of: \_\_\_\_\_

I WOULD LIKE TO PLEDGE \$ \_\_\_\_\_ towards \_\_\_\_\_

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