

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name: _____ Spouse Name: _____

Preferred Name (*Maiden-Married-Hyphenated*): _____

Nickname: _____ Class Year: _____ DOB: _____

Preferred Mailing Address: Home Business Preferred Email: Home Business

Home Address

Street: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Personal Phone: _____ Personal Email: _____

Business Address

Business Name: _____ Field of Practice: _____

Street: _____ City: _____

State: _____ Zip Code: _____ Country: _____ Website: _____

Business Phone: _____ Business Email: _____

I am retired: Yes No If applicable, date of retirement: _____

I would like to receive the following communication:

- Alumni Magazine Hardcopy Digital Alumni Magazine
 Mail from the Salus Alumni Office Emails from the Salus Alumni Office

I would like more information on:

- Bennett Career Center Services Volunteer Opportunities Making a Gift
 Continuing Education Liberty Mutual Benefits Reunion Festivities
 Upcoming Events Joining the Alumni Board Other: _____

Date Form Submitted: _____ Questions? Contact alumni@salus.edu or 215.780.1392