



Alumni Association Nominee Information Form

Please return the completed form along with a resume to:
TCNJ Office of Alumni Affairs
PO Box 7718, Ewing, New Jersey 08628-0718
Email: daviesd@tcnj.edu Fax: 609.637.5108

Name
First: _____ **MI/Maiden:** _____ **Last:** _____

Date ____/____/____ **Graduation Year:** _____ **Major:** _____

Home Address: _____

Home Email: _____ Cell Phone: _____

Home Phone: _____ Contact preference: ___ Email ___ Cell ___ Home

**Company Name/
Address:** _____

Business Email: _____ Business Phone: _____

Occupation: _____

Spouse/Partner's Name: _____ **TSC/TCNJ Grad?** N Y _____ year

I contribute to the Alumni Annual Fund

I volunteer my time to benefit The College of New Jersey as listed below:

Campus Activities: _____

Alumni Activities: _____

**Community
Activities:**

**Why your support
would be an asset
to the Alumni
Association
Executive Board:**

List Alumni or College functions you have attended in the last five years: (i.e. Reunion, Homecoming, Theater Productions, Athletic Events, etc.)

Non-TCNJ Education: (Colleges and universities attended. Provide dates of graduation and degrees earned, including honorary degrees.)

Facts about your career:

Public Offices Held: (Please provide titles and dates)

Memberships and Offices in Organizations: (Professional, civic, etc)

Military Service: (Branch, highest rank, type of duty, years, etc.)

Collegiate and professional honors and awards you have received:

Describe your involvement with the College and/or Alumni Association since graduation:

Revised 12/14

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