

York University Alumni Association Network Application

Proposed Network	Name:			
York University	Alumni Network			
Leadership Commit	tee Roster:			
Chair				
Name:		Student number:		
Address:		City:	City:	
Prov/State:	Postal code/Zip code:		Country:	
Preferred phone:	Preferred email:		ail:	
Degree/s:	Program/s:	Year/s:	College:	
Vice-Chair				
Name:		Student number:		
Address:		City:		
State/Prov:	Postal code/	Zip code:	Country:	
Preferred phone:		Preferred em	ail:	
Degree:	Program:	Year:		
Secretary/Treasure	r			
Name:		Stude	ent number:	
Address:		City:		
State/Prov:	Postal code/	Zip code:	Country:	
Preferred phone:		Preferred em	Preferred email:	
Degree:	Program:	Year:		

Purpose of Network:				
How will the Network support the University and its	alumni:			
Activities and events you plan to undertake in support of your goals:				
Use a separate sheet if necessary.				
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Personal Information Release : I give permission to York with York U in relation to my role on the leadership team of				
Chair Signature:	Date:			
Vice-Chair Signature:	Date:			
Secretary/Treasurer Signature:	Date:			

This program is not intended to facilitate business solicitations.

Submit this form to the Alumni Volunteer Coordinator. The office will be in touch within 3 business days to discuss next steps.

Alumni Relations, York University, West Office Building, 4700 Keele Street, Toronto, ON M3J 1P3

Nicole Light, Alumni Engagement Officer, 416-736-2100 ext. 44101, nlight@yorku.ca