



Regional Alumni Contact Application

Name: _____ Student number: _____

Address: _____ City: _____

Prov/State: _____ Postal code/Zip code: _____ Country: _____

Preferred phone: _____ Preferred email: _____

Degree/s: _____ Program/s: _____ Year/s: _____ College: _____

Why are you interested in this position? What do you hope to accomplish? How do you feel you can contribute?:

Please provide a brief profile of your background (relevant education, career, and volunteer experiences).

Attach a separate sheet if necessary.

Personal Information Release: I give permission to York University to publish my name and association with York U in relation to my role as Alumni Regional Contact, if accepted.

Signature: _____ Date: _____

Please return this form to Nicole Light, Alumni Engagement Officer, via:

Email: nlight@yorku.ca

Fax: 416-650-8220

Mail: Alumni Relations, York University

Attention: Nicole Light

West Office Building

4700 Keele Street,

Toronto, ON M3J 1P3