

PROMISE CHRISTIAN UNIVERSITY

Alumni Association

1559 E. Howard St., McGavaran L-6 Pasadena, CA 91104
P.O. Box 3003, Covina, CA 91722
(626) 296-7502, Fax 626 296-7582; Registrar (626) 827-6405
E-Mail: MyPCU@AOL.COM

APPLICATION and RENEWAL OF MEMBERSHIP

NAME: _____ Phone: _____
ADDRESS: _____ Email: _____
CITY: _____ STATE: _____ ZIP: _____ Cell: _____

Year of Graduation: _____ **Degree Awarded:** _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Theology | <input type="checkbox"/> Divinity | <input type="checkbox"/> Ministry |
| <input type="checkbox"/> Christian Leadership | <input type="checkbox"/> Christian Education | <input type="checkbox"/> Christian Counseling |
| <input type="checkbox"/> Sacred Music | <input type="checkbox"/> Christian Counseling | <input type="checkbox"/> Christian Education |
| <input type="checkbox"/> Christian Organizational Management | | |

PERSONAL DATA

Date of Birth: _____ Anniversary: _____

Spouses Name: _____

Activities and Awards you received this past year (include major events in ministry and in life):

Date	Event	Award, Comment

The Alumni Association selects the "Alumni of the Year," from the ranks of its membership. So please let us know your achievements for this past year! We will congratulate you in upcoming newsletters!

Date: _____

Signature

ANNUAL MEMBERSHIP DUES: \$25

Donations welcomed!