

# FANNI REUNION FOUNDATION, INC.

A California Non-profit Public Benefit Corporation

3185-A Airway Ave., Costa Mesa, CA 92626

Tel: (949)640-6501



## MEMBERSHIP APPLICATION

PLEASE USE CAPITAL LETTERS

### **PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cellular: \_\_\_\_\_

### **EDUCATIONAL INFORMATION**

Institution	Year Graduated	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### **EMPLOYMENT & BUSINESS INFORMATION**

(Optional)

Employer: \_\_\_\_\_  
Title: \_\_\_\_\_  
Major Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only

Membership No.: \_\_\_\_\_  
Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Membership Class: \_\_\_\_\_