



Maryland Student Legislature

Alumni Association Information Form

Instructions: Complete and return to the Secretary of State.

Personal Information:

Full Name: _____

Former Delegation: _____

Graduation Date: _____

Offices Held (If Applicable): _____

Mailing Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Work Information: (optional)

Occupation: _____

Employer Name: _____

Mailing Address: _____

Work Phone: (____) _____ Work Email Address: _____

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