

The SBCC

NURSING ALUMNI ASSOCIATION

721 Cliff Drive • Santa Barbara, CA 93109-2394 • 805/965-0581, Ext. 2368

***YES**, I want to become a SBCC Nursing Alumni Association member and support nursing students and programs.*

Name _____
(while attending SBCC)

Married name if different _____

Address _____

City _____ State ____ Zip _____

Phone _____ Graduation Year _____

I am enclosing:

- \$250 Alumni Fellow
- \$100 Patron Member
- \$50 Supporting Member
- \$35 (Suggested Minimum Membership)
- Other \$ _____
- I've listed names and addresses of former students on the reverse side of this card.