



# TOURO LAW

Touro College Jacob D. Fuchsberg Law Center

## Alumni Association Membership Application

NAME: \_\_\_\_\_ CLASS YEAR: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS E-MAIL: \_\_\_\_\_

AREA OF PRACTICE: \_\_\_\_\_

I wish to join/renew my membership in the Alumni Association. Enclosed is a check for \$25 for my membership dues.

**PLEASE RETURN FORM WITH YOUR CHECK made payable to:**

**Touro Law Center Alumni Association  
225 Eastview Drive  
Central Islip, NY 11722  
(631) 761-7063**