



SUNYIT Alumni Office & Alumni Association

P.O. Box 3050, Utica, NY 13504-3050
Phone: 315-792-7110 Fax: 315-792-7407

www.sunyit.edu/alumni
alumni@sunyit.edu

Alumni Association Payment Form

Mail (for all forms of payment) or fax (debit or credit payment only) this form with payment provided in full to the Alumni Office at the contact information listed above. **Each alumnus/a must submit a separate form.**

Alumnus/a Name: (first) _____ (last) _____

SUNYIT Class Year(s): (first degree year) _____ (second degree year) _____

Social Security Number or SUNYIT U# ID (optional): _____

Address (Street, P.O. Box): _____

City/State/Zip: _____

Personal Phone #s: _____ Work Phone #: _____

E-mail(s): _____

Check one:

Annual - \$25 (12 months) Triennial - \$65 (36 months) Lifetime - \$325*

Statement of Understanding: My signature acknowledges my understanding that Alumni (graduates of SUNYIT) may opt to pay additional fees to receive additional services, as such services become or remain available, and can do so by paying a voluntary alumni fee as noted above. Upon processing of payment, the alumnus/alumna becomes eligible to receive additional benefits, which are subject to change or cancellation at any time. Furthermore, all free as well as fee-paid benefits offered to alumni are subject to change or cancellation at any time; payment of the voluntary alumni fee and/or other fees does not imply that benefits presently available to alumni will continue to be made available in the future.

Signature: _____ **Date:** _____

Total amount: \$ _____ Payment in full as follows (check one):

Check enclosed. Make check payable to: **SUNYIT.**

Debit Card (circle one): Visa MasterCard *(complete card information section below)*

Credit Card (circle one): Visa MasterCard *(complete card information section below)*

Card Information – for Credit Card or Debit Card as noted above

Exp.: ____ / ____ Card #: _____

Signature: _____ Date: _____

Name as it appears on Card (print): _____

For SUNYIT use only:

Alumni Office (Initials: _____ Date: _____)

Bursar Office (Initials: _____ Date: _____)