

**COLLEGE OF WEST AFRICA ALUMNI ASSOCIATION, USA INC.**

[www.cwaaausa.org](http://www.cwaaausa.org)

**FOXES MEMBERSHIP UPDATE**

NAME:		DATE OF BIRTH (Year optional)	
MAIDEN NAME:		YEAR OF GRADUATION:	
ADDRESS:			
CITY:		STATE:	ZIP:
TEL:	(Home):	(Mobile / Cell):	
EMAIL:			
MARITAL STATUS:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Other
SPOUSE:		<input type="checkbox"/> CWA Alum	<input type="checkbox"/> CWA Alum
CHILD:		<input type="checkbox"/> CWA Alum	<input type="checkbox"/> CWA Alum
CHILD:		<input type="checkbox"/> CWA Alum	<input type="checkbox"/> CWA Alum
CHILD:		<input type="checkbox"/> CWA Alum	<input type="checkbox"/> CWA Alum
CHILD:		<input type="checkbox"/> CWA Alum	<input type="checkbox"/> CWA Alum
REMARKS / SUGGESTION:			
<p style="text-align: center;"> <b>Please complete and mail to:</b>  <b>The Membership Committee</b>  <i>College of West Africa Alumni Association</i>  <i>P. O. Box 1421, Pointer Ridge, MD 20716</i>                      Or:                      Update online at <a href="http://www.cwaaausa.org">www.cwaaausa.org</a> </p>			