JOHNS HOPKINS
UNIVERSITY
Carey Business School

Finance Club

MEMBERSHIP APPLICATION ____ New Member ____ Renewal

CONTACT INFORMATION

Full Name: _____
Last First M.I.

Address : _____
Street Address Apartment/Unit # City State ZIP Code Country

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

ACADEMIC INFORMATION

CURRENT STUDENTS:

Degree / Certificate: _____ ☐ FULL-TIME ☐ PART-TIME

Degree Concentration: _____ Credits Completed: _____

Primary Campus of Attendance: _____ Expected Grad Date: _____

ALUMNI:

Degree / Certificate: _____

Degree Concentration: _____ Graduation Date: _____

PROFESSIONAL AFFILIATION

Title: _____ ☐ FULL-TIME ☐ PART-TIME

Organization: _____

Department: _____

Address: _____
Street Address *Suite #*

_____
City *State* *ZIP Code*

ADDITIONAL INFORMATION

Club Activities / Areas of Interest (check all that apply):

☐ Club Sponsorship ☐ Fundraising ☐ Event Coordination

☐ Networking Comments / Suggestions:

Please return applications with $10 annual membership dues enclosed to:
(Checks should be made to Carey Business School Finance Club):

1625 Massachusetts Avenue, NW, Suite 100, Washington, DC 20036

Signature: _____ Date: _____