

**Excelsior Alumni Association USA, Inc.**



Please check the appropriate box(es) and complete the form below.

**I wish to become a Member**

**I wish to renew my Membership**

**I wish to become an Associate Member**

**I wish to make a contribution of \$**

**Name**

**Company**

**Address**

**City**

**State**

**Zip**

**Home Tel. #**

**Work Tel. #**

Annual Membership fee is \$40.00. All contributions are tax deductible.

Please print the completed form and mail with payment to:

**Excelsior Alumni Association USA, Inc.  
c/o Owen K. W. Jones D.D.S.  
786 Lenox Road  
Brooklyn, NY 11203**