

Leader Biographical Information

Club/Chapter Information

Club/Chapter _____ Date _____

Biographical Information

*Leader's Name _____ *Position _____

*Address _____

*City _____ *State _____ *Zip _____

*E-mail _____ Internet Address _____

*Home phone _____ Mobile phone _____

*Class year(s) _____ Degree(s) _____

Spouse/Partner's Name

PU Graduate? Yes No

Class year(s) _____ Degree(s) _____

University – if not PU _____

Children?

Names	Birthdates
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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Employment Information

Business Name _____

Job Title _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Internet Address _____

Home phone _____ Fax _____

Activities

Professional activities _____

Civic activities _____

By submitting this form I authorize the Pacific University Alumni Association to include the above (*) information on the club/chapter Website and lists provided to individuals inquiring about local club/chapter activities and requests for information.

For questions about this form, please contact the Alumni Office:

Office of Alumni Relations

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2043 College Way
Forest Grove, OR 97116

(503) 352-2057

(503) 352-2056 Fax

(877) PAC-UNIV (722-8648) ext. 2057