



THE BROWN CLUB OF BOSTON

Membership Application

Date: _____

Name: _____

Class Year: _____

Home Address: _____

City: _____

State: _____

ZIP: _____

Email Address: _____

Phone: _____

Preferred method of contact: Postal mail Paperless electronic communications

Are you a new member? Yes No

Membership Level (please select one)

Lifetime Member **\$500.00**

Special two-year rate **\$50.00**

Alumnus/a out of Brown 6 years or more **\$30.00**

Alumnus/a out of Brown 2-5 years **\$20.00**

Alumnus/a out of Brown 1 year or less **\$10.00**

Parent/Relative of a Brown student **\$30.00**

Student name(s): _____

Payment Method (please select one)

Cash

Check (enclosed) payable to *The Brown University Club of Boston, Inc.*

Credit Card Please circle one: Visa Mastercard Amex Discover

Name as it appears on Card: _____

Card number: _____

Expiration Date: _____ 3- or 4-Digit Security Code: _____

Signature: _____

Brackett Scholarship Contribution

The Edward T. Brackett Memorial Scholarship Fund provides a scholarship each year to a Brown freshman from the Boston area. Please check below if you would like to make an additional contribution to the Scholarship Fund.

\$25.00 \$50.00 \$75.00 \$100.00 Other amount: _____

Please mail this completed form to: **Brown Club of Boston**
PO Box 960676
Boston, MA 02196-0676

For membership questions, please email Membership@brownclubofboston.com

BCOB Use Only

Application Received By: _____

Event Name: _____