



Applicant Information

Please fill out the following required information:

*College/University _____

*Contact Name _____

*Position/Title _____

*Business Mailing Address _____

*City _____ *State/Province _____ *Zip _____

*Daytime Phone _____ *Email _____

Email addresses will be used for official NIRSA business only, and will not be sold to outside parties.

*Check Payable To _____

*Tax ID or SSN# _____

Questions

When do you plan to host your event?

Who will lead the activity on your campus? Please provide the activity leader's contact information.

**Required Field*

Briefly Describe your desired alumni event:

If successful, will you look to host an alumni event again in future years?

Thank you!

Once you have completed this form in full,
please send as an emial attachment to
nick.zumbrun@nirsa.org



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