

Please help us stay in touch with you!

Complete this form and submit by clicking the Submit Form button or by mailing/emailing/faxing to the address at the bottom of the form:

1. Your Name: _____

2. Email Address: (please list all applicable email addresses)

3. What have you been up to?

- *Working*

Position: _____ Organization: _____

Address: _____

Email: _____ Phone: _____

- *Going to School*

College/University: _____

Department/Program: _____ Degree: _____

- *Looking for work*

▪ *Other/Not Yet Decided* (please specify): _____

4. Where have you been living?

Address: _____

City: _____ State & Zip: _____

Home Phone: _____

5. I would like to participate in the Community Health Sciences alumni program. Please let me know how I can get involved.

_____ **Yes**

_____ **No**

6. Share your special announcements with the Alumni Network. List your special announcements here and we will post in the next Alumni Newsletter (can include, but not limited to, new jobs, awards, honors, marriages, births, relocations, etc.)

Please submit your form by clicking the Submit Form button or mailing/emailing/faxing to the address below. Thank you for staying connected to the Community Health Sciences Alumni Network.

Or mail/email/fax your form to:
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c/o Alexis Sexauer
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E-mail: chsalumni@ph.ucla.edu
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