



We value our Alumni and Friends! Your investment as a member of the Alumni Association helps Ohlone College, our students, faculty, and staff. Anyone who has attended Ohlone, works at Ohlone, or just loves the college may join and enjoy the benefits of membership!

Ohlone College Employee Payroll Deduction

Available to full-time Ohlone College employees

Join Now!

We value our Alumni and Friends! Your investment as member of the Alumni Association helps Ohlone College, our students, faculty and staff. Join today to enjoy the benefits of membership!

Now you can join Alumni and Friends through Employee Payroll Deduction - ten simple payments of \$20 a month that will automatically be deducted from your paycheck. Sign up now and deductions will begin August 2013 and end May 2014.

LIFETIME MEMBERSHIP - \$200.00

Share your enthusiasm for Ohlone College by investing in a lifetime membership.

Benefits include:

- Ohlone College commemorative gifts
- Invitations to special alumni networking and Ohlone College events
- Semi-annual newsletter, social media networks
- Discounted access (*student rate*) to Ohlone Smith Center performances
- Free life-time admission to Renegade athletic competitions (*home only - no playoffs*)
- Access to annual VIP Alumni tour of Ohlone College
- "The Ohlone Way"— a book on Ohlone culture by Malcolm Margolin
- Access to the new Alumni Insurance Program from Meyer and Associates - which includes Term Life, Health, Dental, Long Term Care, Pet, and Travel insurance as well as Special Event coverage, Identity Theft Protection products, and more! Most products are available to alumni, friends, and their families as well.

To join, simply fill out this form and return to the Foundation mailbox in Building 1

Yes! Please enroll me as a Lifetime member of the Ohlone College Alumni and Friends Association. I hereby authorize Ohlone College to deduct \$20 from each of my regular salary warrants for 10 months and transmit these deductions to the Ohlone College Foundation. If I leave Ohlone College before the end of this period, the remaining balance will be deducted from my last paycheck.

Name _____ Graduate (year) _____
(If Applicable)

Address _____ Email _____

City _____ State _____ Zip _____

Signature _____

