

UNIVERSITY OF ALABAMA  
CRIMINAL JUSTICE ALUMNI ADVISORY BOARD

MEMBER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ALTERNATE E-MAIL ADDRESS: \_\_\_\_\_

DEGREE AND GRADUATION YEAR: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

RETURN THE COMPLETED MEMBER INFORMATION FORM TO:

CRIMINAL JUSTICE ALUMNI ADVISORY BOARD  
THE UNIVERSITY OF ALABAMA  
DEPARTMENT OF CRIMINAL JUSTICE  
BOX 870320  
TUSCALOOSA, AL 35487-0320