

Alumni Registration

As an alumna/us of Bladen Community College we would like to add you to our Alumni mailing list. Please complete the form below.

| Full name: | | |
|-----------------------------------------------|------------------|----|
| Student ID# (| Graduation year: | |
| Current mailing address: | | |
| Current phone number: | | |
| Email address (Not your college email): | | |
| Would you like to serve on the Alumni Comm | ittee? Yes I | No |
| Do you want to be added to our newsletter mai | ling list? Yes N | No |