

TROJAN LEAGUE ASSOCIATES OF SAN DIEGO COUNTY

2019-20 PROSPECTIVE MEMBER INTEREST FORM

(To be completed by applicant. Submit to sponsoring member who will forward to VP Membership at tlasdcmembership@gmail.com by March 1, 2019.)

Date: _____

Title: _____ First Name: _____ Last Name: _____ Middle (optional) : _____

Maiden name: _____ Date of birth (MM/DD/YYYY): _____

Mailing Address/City/State/Zip: _____

Street Address/City/State/Zip (if different) : _____

Email: _____

Preferred Phone: _____ Home Cell Work

Phone #2 (optional): _____ Home Cell Work

Spouse/Partner: Title _____ First Name: _____ Last Name: _____

Children (name, age): _____

Occupation/Title and Employer (if currently working): _____

Past Employment (if any): _____

USC Alum? Yes No

College(s) Attended: Degrees(s) and Major(s): Graduation Year(s):

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_____	_____	_____
_____	_____	_____
_____	_____	_____

Family members who attend/attended USC, if any (indicate relationship):

Membership in other USC support groups: Offices/positions held, role, w/approx. dates

Non-USC Community Activities and Organizations (civic, cultural, educational, philanthropic, religious)

Organization Offices/positions held, role, w/approx dates

Organization	Offices/positions held, role, w/approx dates
_____	_____
_____	_____
_____	_____

Fraternity affiliations (including honoraries): _____

How did you hear about Trojan League? (If from a member, please list name(s))

What skill sets would you bring to support TLASDC efforts to provide scholarships to worthy USC students and to promote the University within San Diego?

Questions about this form? Please email us at tlasdcmembership@gmail.com.