



ALLEGANY COLLEGE  
of MARYLAND

# RETIREES ASSOCIATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Spouse \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_ Enclosed are my annual dues of \$30.00

\_\_\_\_\_ Additional contribution for Scholarship Fund

Make checks payable to Allegany College of Maryland Retirees Association

Send this card with your dues to:

**Allegany College of Maryland/Retirees Association**  
**12401 Willowbrook Road, SE Cumberland MD 21502**  
**www.allegany.edu**

**RETIREES ASSOCIATION**

301-784-5217