

ALBANY MEDICAL COLLEGE

50th Reunion Year

Alumni Profile Update Form

You may submit a hard copy of this form and a photo to the address below **OR** by email:

AMCalumni@amc.edu

**Please return form no later than Monday, February 18, 2019,
to guarantee that you are included in the class Bio Book.**

Name:	
Home Address:	Work Address:
Phone:	Phone:
Email:	Email:
Current Position:	
Career Accomplishments/Awards/Research/Publications/Etc.:	
Volunteer Roles/Boards:	
Significant Other:	<input type="checkbox"/> Spouse, married for _____ years <input type="checkbox"/> Partner, together for _____ years <input type="checkbox"/> Other: _____
Number of Children? _____	Number of Grandchildren? _____
What news would you like to share with your classmates?	
Advice for the Class of 2019:	

PLEASE USE BACK OF FORM IF NEEDED. COMPLETE AND RETURN FORM WITH PHOTO:
Please consider emailing your photo as a .jpeg file to AMCalumni@amc.edu to ensure quality photo production in the publication.

**Albany Medical College Alumni Association
47 New Scotland Avenue, MC-5
Albany, NY 12208
Phone: 518.262.5033
Fax: 518.262.6824**

Email: AMCalumni@amc.edu

****DUE BY Monday, February 18, 2019****

The Alumni Association reserves the right to edit submissions.