



Yale Club of Lower Fairfield County Membership Application

To join please enter all requested information and mail with dues to:

Yale Club of Lower Fairfield County
Attn: Treasurer
27 Briar Brae Road
Darien, CT 06820

Name: _____

Class/School: _____

Address: _____

City: _____

State: _____ Zip: _____

Tel: _____ / _____

E-mail: _____

Children's Ages: _____

Activities you enjoyed at Yale: _____

Special Interests: _____ *Yale applicant interviews (Alumni Schools Committee)*

_____ *Community service and outreach*

_____ *Events*

_____ *Communications*

_____ *Membership*

_____ *Mentoring*

_____ *Other (please specify):* _____

Dues enclosed:

_____ \$30 annual membership

_____ Free for 5 years after graduation

For more information please visit our website at : www.yaleclublfc.org

Questions? Comments? Please e-mail us at: info@yaleclublfc.org