

Date completed: _____

Blanton-Peale Institute
ALUMNI/AE CONTACT FORM
7 West 30th Street, 9th Floor
New York, NY 10001
212-725-7850
FAX: 212-967-4919
www.blantonpeale.org



"Therapy with a Soul"

PLEASE PRINT

TITLE FULL NAME

ADDRESS

CITY STATE ZIP HOME TELEPHONE

CELLUAR # EMAIL ADDRESS

DATES ATTENDED BPI GRADUATION DATE PROGRAM

OTHER DEGREE(S) EARNED DATE INSTITUTION

OTHER DEGREE(S) EARNED DATE INSTITUTION

ORDINATION/APPOINTMENT(S) DATE INSTITUTION

OCCUPATION EMPLOYED BY

BUSINESS ADDRESS BUSINESS PHONE #

CHURCH AFFILIATION PASTOR

CHURCH ADDRESS

CITY STATE ZIP TELEPHONE #

CHURCH WEBSITE CHURCH EMAIL ADDRESS CHURCH FAX # (over)

NAME: _____

SPOUSE NAME

CHILD(REN) NAME(S)

I WOULD LIKE TO BE INVOLVED WITH THE BPI ALUMNI/AE ASSOCIATION IN THE FOLLOWING WAY:
(CHECK ALL THAT APPLY)

_____ CLASS AGENT

_____ OPEN HOUSE VOLUNTEER

_____ ALUMNI/AE DAYS VOLUNTEER

_____ SPECIAL EVENT VOLUNTEER

_____ I WOULD BE INTERESTED IN REPRESENTING BPI AT OUTREACH EVENTS

_____ I WOULD BE INTERESTED IN ORGANIZING A LOCAL/AFFINITY BPI ALUMNI/AE CHAPTER

WHAT PROFESSIONAL ENRICHMENT WORKSHOPS WOULD YOU LIKE TO SEE?

AS AN ALUM OF BLANTON-PEALE, are you using your certification in your current profession? _____

If yes, size of practice or # of hours _____

What was the most helpful part of the BPI program? _____

What do you need now? _____

Other comments: _____

ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE WITH US:

Please return this form by mail, email or fax to: info@blantonpeale.org or FAX: 212-967-4919

Attn: ALUMNI CONTACT FORM

Blanton-Peale Institute

7 West 30th Street, 9th Floor

New York, NY 10001

Thank you!

(7/2015)