

Professional Membership Request

Please be sure to attach invoice and all necessary documents

Date: _____

MEMBERSHIP FOR

Name: _____ Title: _____

Campus: _____ Department: _____

RETURN COMPLETED FORM TO:

Name: _____ Email: _____ Phone/Ext: _____

MEMBERSHIP INFORMATION (PLEASE ATTACH INVOICE)

Organization you would like to join: _____

Membership Term: MO/YR _____ To _____ MO/YR Annual Dues _____ Is this membership for a Community Based Organization? _____
(CCC will only approve one (1) year term memberships for individuals)
Membership Type: New Individual Yes, Needs approval from Comm. Relations
Renewal Organizational No

Contact Information for Organization

Name: _____ Required (Accreditation, etc.)
Address: _____ Discretionary (Non Accreditation, optional)
Email: _____ Website: _____
Phone: _____

Benefit of membership to CCC

Does membership support reinvention goals? If so, which one(s) and how?

Budget/fund verified		Fund#	Union request		1600 Professional (Not to exceed \$1,200 annually)
Yes	No	_____	Yes	No	1600 Faculty (Not to exceed \$1,000 annually)

APPROVALS (please print and sign)

Academic Dean/Dept. Manager: _____ Date: _____

Executive Dir./Bus. Manager: _____ Date: _____

President/VC: _____ Date: _____

Comm. Relations: _____ Date: _____

Development: _____ Approved Denied Date: _____