



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?	
<small>(CCC will only approve one (1) year term memberships for individuals)</small>		Yes	No
Membership Type:	New Individual		
	Renewal Organizational		

Contact Information for Organization

Name: _____ Required (Accreditation, etc.)

Address: _____ Discretionary (Non Accreditation, optional)

Email: _____ Website: _____

Phone: _____

Benefit of membership to CCC

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: _____

Chancellor's Office: _____ Approved Denied Date: _____