The College Club of Canton

New Member Application

Return this form to: Cindy Collier, Membership Chairperson
1905 Wynstone Cir NE
North Canton OH 44720

I hereby make application for membership in The College Club of Canton

I graduated from _____
College or University Year

☐ Baccalaureate Degree ☐ Associate Degree ☐ RN License

_____
Last Name First Name Middle Initial Spouse

Address: _____
Street City Zip Code Home Phone

Email: _____
Cell Phone

Occupation: _____ Birthday: _____/_____
Current/Previous Month / Day

Referred by (Current Member): _____

Please check your preferences in the following chart:

PERMISSION	YES	NO	PERMISSION	YES	NO
Home phone in Yearbook			Picture in Yearbook		
Cell phone in Yearbook			Picture provided for Yearbook		
Email in Yearbook			Picture in any media or club publication		

Circle your preferred method(s) to be contacted for meetings:

Email Phone No Contact

Applicant Signature _____

New members: Please include the following with this application:

- ☐ Check in the amount $45 payable to: **The College Club of Canton**
- ☐ Copy/Proof of degree or RN license number
- ☐ Picture for Yearbook (if desired)

For reinstatement: Please include a $45 check payable to: **The College Club of Canton**

Thank you for applying to The College Club of Canton!