

TO THE COMMITTEE ON MEMBERSHIP SEND TO: Cindy Collier, Membership Chairperson 1905 Wynstone Cir NE, North Canton 44720

THE COLLEGE CLUB OF CANTON MEMBERSHIP APPLICATION

I hereby m	nake application for	membership in T	he College C	lub of Canto	n.		
I grad	duated from				_		
		(College or University)					
	Baccalaureate Degr	ee As in (Year)	C	ee 🗆] RN License		
Applicant Name							
	(First)	(Middle)	(Las	t)	(Mai	den)	
Spouse							
	` ,	(Middle)	`	t)			
Address							
City			State	Zip			
Telephone					Yes	No	
(Cell)					Permis		
					Publish in	Yearbook	
Telephone					Yes	No	
(Home)						Permission to Publish in Yearbook	
Email Address					Yes Permis	No sion to	
					Publish in		
Does CCC have permission to post your picture in any publication or media?					Yes	No	
How d	lo you want to be con	ntacted about me	etings? Em	ail Phone	Nothing	Text	
Birthdate	Month		Day				
Referred by							
Current/Previous	Occupation						
For new members, plea	ase include:This	s application				_	
		ck in the amount of py/Proof of degre					
For reinstatement wi	th out previous letter	of resignation, p	olease send:				
		ck in the amount o		to: The Colle	ge Club of C	Canton	

Thank You for applying to The College Club of Canton!