



TO THE COMMITTEE ON MEMBERSHIP  
 SEND TO: Judith Simonson, Membership Chairperson  
 2317 Midway Ave NE, Canton, OH 44705

THE COLLEGE CLUB OF CANTON  
 MEMBERSHIP APPLICATION

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

I graduated from \_\_\_\_\_  
 (College or University)

Baccalaureate Degree       Associate Degree       RN License  
 in \_\_\_\_\_  
 (Year)

Applicant Name \_\_\_\_\_  
 (First)                      (Middle)                      (Last)                      (Maiden)

Spouse \_\_\_\_\_  
 (First)                      (Middle)                      (Last)

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Yes No  
 (Cell) \_\_\_\_\_ Permission to  
 Publish in Yearbook

Telephone \_\_\_\_\_ Yes No  
 (Home) \_\_\_\_\_ Permission to  
 Publish in Yearbook

Email Address \_\_\_\_\_ Yes No  
 Permission to  
 Publish in Yearbook

Does CCC have permission to post your picture in any publication or media?      Yes      No

How do you want to be contacted about meetings?      Email      Phone      Nothing      Text

Birthdate      Month \_\_\_\_\_      Day \_\_\_\_\_

Referred by \_\_\_\_\_

Current/Previous Occupation \_\_\_\_\_

Applicant Signature \_\_\_\_\_

- For new members, please include:  This application  
 Check in the amount of \$45 payable to: The College Club of Canton  
 Copy/Proof of degree, Associate degree or RN license number

For reinstatement with out previous letter of resignation, please send:

- Check in the amount of \$45 payable to: The College Club of Canton

*Thank You for applying to The College Club of Canton!*