



**TO THE COMMITTEE ON MEMBERSHIP
SEND TO:**



**Linda M. Clark, Membership Chairperson
The College Club of Canton
3115 Clearview Ave NW, Canton OH 44718
lmclark3115@aol.com 330-454-1589**

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 _____ Permission to publish in yearbook Y N

Cell Phone: _____ Permission to publish in yearbook Y N

Email Address: _____ Permission to publish in yearbook Y N

Does CCC have permission to post your picture in any publication or media? Y N

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

Birthdate: Month _____ Day _____

PLEASE CONTINUE TO BACK OF PAGE

Referred by _____

Current/Previous Occupation _____

Applicant Signature: _____

For new members, please include:

- This application**
- Check in the amount of \$45.00 payable to: The College Club of Canton**
- Copy/Proof of degree, associate degree or RN license number**

For reinstatement without previous letter of resignation, please send:

- Check in the amount of \$50.00 payable to: The College Club of Canton**