

Council for the Study
Community of Colleges

Membership Application

Type of membership:

- Institutional, which covers three members (\$100)*
- Individual (\$40)
- Student/Emeritus (\$25)

Name: _____

Title: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Name of the CSCC member who recruited me to join CSCC: _____

**Additional Institutional Members*

1) Name: _____

Title: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

2) Name: _____

Title: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

TOTAL AMOUNT ENCLOSED: \$ _____ (Please make checks payable to CSCC)

Mail Application to: Council for the Study of Community Colleges (CSCC)
c/o UCLA Graduate School of Education and Information Studies
3127 Moore Hall * Box 951521
Los Angeles, CA 90095-1521