



ALUMNI ASSOCIATION MEMBERSHIP FORM

To become an Alumni Member, fill in the requested information below, and return this form and \$10 to the address listed below. If needed, an additional sheet of paper can be attached.

Name _____
Last First M.I. Maiden

Home Address
Address _____ Apt# _____

City _____ State _____ Zip _____

Mailing Address
Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone: () _____ Work Phone: () _____

Email Address (if applicable) _____

Student ID Number _____

Date of Graduation: _____

Degree: _____

Major(s): _____

Employer: _____

Did your spouse attend CCCC? Yes No

If so, indicate year and degree _____

Spouse's name: _____

Mail this form and \$10 to:

Cerro Coso Community College
c/o Alumni Relations Office
3000 College Heights Blvd.
Ridgecrest, CA 93555-9571

