

CCLA Membership Form (online version)

Student ID#:	College/Class Year:
Maiden Name (if any):	Email:
Name: _____ Home Address: _____ _____	Home Phone: _____ Fax: _____
Company: _____ Address: _____ _____	Work Phone: _____ Fax: _____
Title: _____ Dept: _____	

I would be interested in:

<input type="checkbox"/> Interviewing Cornell Applicants	<input type="checkbox"/> Just Put Me To Work
<input type="checkbox"/> Hosting Networking Brunches	<input type="checkbox"/> Hosting Scholarship Dinners

Please make check payable to CCLA.
 Mail To: CCLA, c/o Carol Mead
 1544 Via Boronada
 Palos Verdes Estates, CA 90274

Date:	
Membership Dues Amount	\$
Scholarship Fund Gift	\$
Total Amount Enclosed	\$