

CCLA Membership Form

		
NETWORK	INTERACT	ENJOY

Visit and sign up online with a credit card.
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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
OTHER:	

Mail To: **CCLA**
Nancy Mills
563 29th St.
Manhattan Beach, CA 90266

* Please make check payable to **CCLA**.

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