

Membership form

Each CCAC Women's Council membership begins with the month the application is received. Dues are determined on a two-tiered scale as dictated in the by-laws:

	1 Year	5 Years
Part-time employee	\$1 5. 00	\$60.00
Full-time employee	\$25.00	\$100.00
Retiree	\$15.00	\$60.00
"Join with a friend Special"	\$15.00	

Date	(check one): New member \bigcirc Renewing member \bigcirc			
First name	Last name			
e-mail address				
Campus or center address				
College phone				
College position/title				
Home address				
Home/mobile phone (option	nal)			
	Dues amount enclosed \$			
C	Optional donation to Women's Council Scholarship \$			
	Total enclosed \$			

Make checks payable to CCAC's Women's Council and mail to:

College member	s, please mail to:	External r	nembers,	please	mail 1	to
			~			

Megan Crane CCAC - Allegheny Campus SSC - 110 Megan Crane
Community College of Allegheny County

SSC - 110 808 Ridge Avenue Pittsburgh PA 15212

If you selected the "Join with a friend special", please be sure to note the name of the person with whom you are joining: