



# College Club West

## Application for Membership

**Please complete the application form and mail to:**

Pat McAndrew, CCW Membership Chairperson  
19800 Parklane Drive  
Rocky River, OH 44116

**A meeting with the Membership Chair is required.** You will be contacted to schedule a convenient time and location for the meeting. The purpose of this meeting is for you to learn more about CCW and for us to learn more about you! After the meeting and submission of your application and dues, you are a full member.

**Include the following with your membership application or present them to the Membership Chair at your meeting.**

- **Evidence of graduation** from an accredited four-year college or from a Registered Nursing program.
  - This may be a college degree, transcript of credits, or a statement of the degree earned from a registrar, president, or secretary of the institution attended.
- **A check for \$50**, payable to *College Club West*
  - After January, the \$50 membership dues will be applied to next year's dues.

Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

\*Maiden Name: \_\_\_\_\_ \*Name of Spouse: \_\_\_\_\_ email: \_\_\_\_\_

\*Phone: ( ) \_\_\_\_\_ \*Cell: ( ) \_\_\_\_\_ ✓ \*best number to use in CCW Directory. Please

list my name in the directory as: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Undergraduate Degree Received: (list: BA, BS, RN, etc.) \_\_\_\_\_ Year Degree Received: \_\_\_\_\_

College Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Post Graduate Degree: \_\_\_\_\_ College: \_\_\_\_\_ City, State \_\_\_\_\_

Year Post-Graduate Degree Received: \_\_\_\_\_ Other degrees? \_\_\_\_\_

How did you learn about College Club West? \_\_\_\_\_

Please share any other information about yourself and / or questions you may have about College Club West.

THANK YOU! We look forward to welcoming you to College Club West.