



College Club West

Application for Membership

Please complete the application form and mail to:

Delia Costin
36308 South Park Drive
Avon, OH 44011

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 a 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.