

Type in Remittance Address and Contact



CITE MEMBERSHIP APPLICATION

Type information into shaded fields below / check box and return to CITE

Date ___/___/___	Membership Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(RENEWAL)	(NEW MEMBER)	(ACTIVE EMPLOYEE)	(RETIRED)
Personal Information					
Name (First, M.I., Last) _____ (Prefer to be called) _____					
Address (Street, City, State, Zip) _____					
Contact Information Phone w/area code _____ Email _____ Birthday ___/___/___					
Business Information					
Position _____		Assoc/Mgmt _____		Organization _____	
Work Address (Street, City, State, Zip) _____ (Mail code / Building location) _____					
Contact Information Phone w/area code _____ Email _____					
How would you like to be contacted?					
<input type="checkbox"/> Home phone <input type="checkbox"/> Business phone <input type="checkbox"/> Business email <input type="checkbox"/> Business address					
How did you hear about CITE?					
<input type="checkbox"/> CITE Member <input type="checkbox"/> Corporate Intranet <input type="checkbox"/> Supervisor <input type="checkbox"/> Other _____					
Membership Levels Check or Money order is payable to: "CITE-(chapter name)" [e.g. CITE-California, CITE-Florida]					
Local Chapter: Annual membership dues for CITE local organizations are \$35.					
<input type="checkbox"/> California	<input type="checkbox"/> Indiana	<input type="checkbox"/> New Jersey	<input type="checkbox"/> PA/DE	<input type="checkbox"/> Washington DC Metro	
<input type="checkbox"/> Florida	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York	<input type="checkbox"/> Texas	<input type="checkbox"/> West Virginia	
<input type="checkbox"/> Georgia	<input type="checkbox"/> New England	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Virginia	<input type="checkbox"/> _____	
May we contact you with more information about different membership levels and additional activities in CITE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<i>Please indicate the Committees you may be interested in:</i>					
<input type="checkbox"/> Critical Issues	<input type="checkbox"/> Membership	<input type="checkbox"/> Scholarship	<input type="checkbox"/> Professional Development		
<input type="checkbox"/> Programs	<input type="checkbox"/> Nominations	<input type="checkbox"/> Ways and Means	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Community Relations	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Inter-organizational			
Thank you for joining CITE, an officially recognized Verizon African-American Employee Resource Group. We hope you enjoy and benefit from your experience with us. By submitting this application you agree to become a member of the CITE organization. You agree to support the organization and abide by its by-laws. Members in good financial standing are automatically enrolled as members of the national CITE organization.					
Pledge of Membership					
<input type="checkbox"/> I have enclosed a check/money order payable to CITE for membership.					
<input type="checkbox"/> As a member, I commit to support CITE and its officers in upholding the high standards of the organization.					
Signature _____			Referred by _____		

FOR OFFICIAL USE ONLY			
DATE REC'D ___/___/___	MEMBERSHIP LEVEL	TYPE OF PAYMENT	DATE SUBMITTED TO FINANCIAL SEC'Y
REFERRED BY _____	<input type="checkbox"/> LOCAL CHAPTER _____	AMOUNT PAID \$ _____	___/___/___
	<input type="checkbox"/> NATIONAL	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____	INITIALS _____
			DATABASE INPUT BY _____