

NAME: _____
 CHAPTER: _____
 PHONE: _____



CITE MEMBERSHIP APPLICATION

CONSORTIUM OF INFORMATION AND TELECOMMUNICATIONS EXECUTIVES

DATE _____ MEMBERSHIP TYPE [RENEWAL] [NEW MEMBER] [ACTIVE EMPLOYEE] [RETIREE]

FOR OFFICIAL USE ONLY

PERSONAL INFORMATION

NAME _____ [MALE] [FEMALE]
[FIRST NAME] [M.I.] [LAST NAME]

ADDRESS _____
[STREET ADDRESS] [CITY] [STATE] [ZIP CODE]

CONTACT INFORMATION [] [] [] [] BIRTHDAY _____
[AREA CODE] [PHONE] [E-MAIL] [MONTH] [DAY]

BUSINESS INFORMATION

POSITION _____ ASSOC/MGMT _____ ORGANIZATION/LOB _____

WORK ADDRESS _____
[STREET ADDRESS] [CITY] [STATE] [ZIP CODE]
[MAIL CODE] [ROOM/FLOOR] [BUILDING LOCATION]

CONTACT INFORMATION [] [] [] [] [] []
[AREA CODE] [PHONE] [AREA CODE] [FAX] [E-MAIL]

HOW WOULD YOU LIKE TO BE CONTACTED?
 Home phone Business phone Business e-mail Business address

HOW DID YOU HEAR ABOUT CITE?
 CITE Member Corporate Intranet Supervisor Other _____

MEMBERSHIP *Check/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.

California Maryland New York Texas West Virginia
 Florida New England North Carolina Virginia _____
 Indiana New Jersey PA/DE Wash DC Metro _____

May we contact you with more information about different membership levels and additional CITE activities? YES NO

Please indicate which committees interest you:

Critical Issues Membership Scholarship Professional Development
 Programs Nominations Ways and Means Other _____
 Community Relations Public Relations 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 automatically are enrolled as members of the national CITE organization.

PLEDGE OF MEMBERSHIP

I have enclosed a check/money order payable to CITE for membership.
 As a member, I commit to support CITE and its officers in upholding the high standards of the organization.

[SIGNATURE] [REFERRED BY]

DATE REC'D _____ REFERRED BY _____
 MEMBERSHIP LEVEL NATIONAL LOCAL CHAPTER _____
 TYPE OF PAYMENT CASH CHECK # _____ AMOUNT PAID \$ _____
 INITIALS _____ DATE SUBMITTED TO FINANCIAL SEC'Y _____
 DATABASE INPUT BY _____
 CITE app rev. 04/06