

Remit to: Robin Plummer
 CITE-NY Director of Membership
 P.O. Box 3452
 New York, NY 10008



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: (____) _____ Email: _____ Birthday: ___/___/___					
Business Information					
Position _____ Organization _____					
Work Address (Street, City, State, Zip) _____ (Mail code / Building location) _____					
Contact Information Phone: (____) _____ Email: _____					
How would you like to be contacted?					
<input type="checkbox"/> Home phone <input type="checkbox"/> Personal email <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 <i>Check or Money order is payable to: "CITE-(chapter name)" [e.g. CITE-California, CITE-Florida]</i>					
Local Chapter: Annual membership dues for CITE local organizations are \$35.					
<input type="checkbox"/> California		<input type="checkbox"/> Maryland		<input type="checkbox"/> New York	
<input type="checkbox"/> Florida		<input type="checkbox"/> New England		<input type="checkbox"/> PA/DE	
<input type="checkbox"/> Indiana		<input type="checkbox"/> New Jersey		<input type="checkbox"/> Texas	
				<input type="checkbox"/> Virginia	
				<input type="checkbox"/> Washington DC Metro	
				<input type="checkbox"/> West Virginia	
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"/> Programs		<input type="checkbox"/> Nominations		<input type="checkbox"/> Ways and Means	
<input type="checkbox"/> Community Relations		<input type="checkbox"/> Public Relations		<input type="checkbox"/> Inter-organizational	
				<input type="checkbox"/> Professional Development	
				<input type="checkbox"/> Other _____	
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 ___/___/___ REFERRED BY _____	MEMBERSHIP LEVEL <input type="checkbox"/> LOCAL CHAPTER _____ <input type="checkbox"/> NATIONAL	TYPE OF PAYMENT AMOUNT PAID \$ _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____	DATE SUBMITTED TO FINANCIAL SEC'Y ___/___/___ INITIALS _____ DATABASE INPUT BY _____