

Remit to: 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 *: _____					
* City, State, and Zip are required fields. This allows CITE to ensure that Public Affairs, legislative, and community initiatives can be targeted to those members who will be directly impacted, and can advocate within their community.					
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 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. * CITE-NY membership dues: \$35.00 (1 year), \$ \$65.00 (2 years), or \$95.00 (3 years)					
<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					
Please indicate the Committees you may be interested in:					
<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 ____/____/____	MEMBERSHIP LEVEL	TYPE OF PAYMENT	DATE SUBMITTED TO FINANCIAL
REFERRED BY _____	<input type="checkbox"/> LOCAL CHAPTER _____	AMOUNT PAID \$ _____	SEC'Y ____/____/____
	<input type="checkbox"/> NATIONAL	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____	INITIALS _____
			DATABASE INPUT BY _____