ADMINISTRATIVE USE ONLY

NAME: _____

CHAPTER: _____

PHONE: _____

CITE MEMBERSHIP APPLICATION

CONSORTIUM OF INFORMATION AND TELECOMMUNICATIONS EXECUTIVES

CITE

DATE ____ ____ ____

MEMBERSHIP TYPE ☐ [RENEWAL] ☐ [NEW MEMBER] | ☐ [ACTIVE EMPLOYEE] ☐ [RETIREE]

PERSONAL INFORMATION

☐ [MALE]
☐ [FEMALE]

NAME _____ _____ _____
[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 orde r 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]

FOR OFFICIAL USE ONLY

DATE REC'D ____ ____ ____

REFERRED BY _____

MEMBERSHIP LEVEL

☐ NATIONAL ☐ LOCAL CHAPTER _____

TYPE OF PAYMENT

☐ CASH ☐ CHECK # _____ AMOUNT PAID $ _____

INITIALS _____

DATABASE INPUT BY _____

DATE SUBMITTED TO FINANCIAL SEC'Y ____ ____ ____

CITE app rev. 04/06