

CIC Alumni Association – International Branch Membership Registration Application and Update Form

Member Name: _____

Address: _____

Email Address: _____

Business or Type of Work: _____

Telephone Numbers: _____

Graduation Class Year: _____

Wife's Name: _____

CHILDREN

Name	Birth date	Grade or College Year	Comments (If Any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANNUAL MEMBERSHIP DUES

Date _____

Registration and Annual Dues _____

Convention Registration Fees _____

Special Levies _____

Total Amount Enclosed _____

Please complete and return this form to: C. Ben Bosah, c/o CIC Alumni Association – International Chapter,
3575 Head of Pond Road, New Albany, Ohio 43054, United States of America.

ADDITIONAL NOTES AND COMMENTS