

3C4A Membership Application Form

California Community College Counselors/Advisors

2016 - 2017

LAST NAME: _____ FIRST NAME: _____

NAME OF INSTITUTION: _____ 2-YEAR 4-YEAR

ADDRESS: _____

CITY: _____ ZIP: _____

TITLE: Counselor Other _____ Full-time Part-time

NUMBER OF HOURS ALLOTTED (per week) _____ Student Athletes _____ General Population _____

BUSINESS PHONE () _____ FAX () _____

EMAIL ADDRESS: _____

Please send the completed application and a check (made payable to 3C4A) in the amount of \$125 to the address below. The deadline for continuous membership is Oct 31st.

Teresa Quilici
Treasurer / Membership
West Hills College Lemoore
555 College Ave.
Lemoore, CA. 93245