



Membership Application

Please print

PERSONAL INFORMATION

Check one: Mr. Ms. Mrs. Dr.

There is no charge for membership and you do not have to be a graduate to join.

Last Name _____

First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone () _____ Business () _____

E-mail Address _____

Student number is optional

ACADEMIC INFORMATION

CCSN Student Number _____

Area of Study/Degree Received _____

Graduation Date/Last Year Attended _____

Upon completion, please mail or fax this membership application to CCSN Alumni Relations. We will contact you with further information regarding the Association and member benefits.

CCSN Alumni Relations
6375 West Charleston Boulevard – W3D
Las Vegas, Nevada 89146-1164
Phone: (702) 651-7379
Fax: (702) 651-7303
E-mail: alumni_association@ccsn.edu