



Membership Application

Today's Date: _____

Name (First Name and Last Name): _____

Type of Membership: Renewal New

Regular (\$20.00 regular membership)

Student (\$10.00 student membership - Must be registered with 12 or more credit hours)

Chapter: _____

**** Renewal – only necessary to update information that may have changed**

Title: _____

Address: _____

Home or Business Address? Home Business

Phone Number: _____

E-mail Address: _____

Name Office, Institution, District or Organization Affiliation: _____

Mail Application and Payment to: Johnathan Hall, KCCD Treasurer
P.O. Box 2400
Frankfort, KY 40601

Barcode: _____

Method of Payment: _____