CoSIDA

2006-07 MEMBERSHIP APPLICATION

NAME: _____

COLLEGE AFFILIATION: _____

POSITION: _____

MAILING ADDRESS: _____

_____

TELEPHONE: (OFFICE) _____ (HOME) _____

EMAIL ADDRESS: _____

MEMBERSHIP CATEGORY:

☐ ACTIVE ($50) ☐ ASSOCIATE ($55) ☐ STUDENT ($25)

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