

Central Coast Cal Alumni Chapter
2024 Membership Form

Name _____

Address _____

City _____ State _____

ZIP _____ Telephone _____

Email _____ Class _____

Major _____ Degree _____

Profession(s) _____

Enclosed is \$ _____ for _____ annual chapter membership(s) at \$25* per person. (* Annual dues are only \$10 for alumni who graduated within the last 20 years).

Also enclosed is my \$ _____ tax-deductible donation to the CCCAC Alumni Scholarship Program. (Donations in any amount are appreciated).

Total enclosed: \$ _____ Make your check out to "CCCAC."

_____ YES, please contact me about joining the local Cal Board

Please mail this form and your annual dues payment to :

Central Coast Cal Alumni Chapter

c/o Dan Bertozzi
1634 El Cerrito Court
San Luis Obispo, CA 93401