



Date Applied: _____

<http://www.portervillecollege.edu/>

100 EAST COLLEGE AVENUE, PORTERVILLE, CA 93257

MEMBERSHIP APPLICATION

CCM

CHICANOS/LATINOS FOR COMMUNITY MEDICINE

DINORAH CASTRO (MED-PEP COORDINATOR/COUNSELOR)

PHONE (559)791-2491

FAX (559)791-3668

E-MAIL: dicastro@portervillecollege.edu

(PLEASE PRINT CLEARLY IN BLACK OR BLUE INK)

- ◆ Name: _____
- ◆ Student ID: @ _____ Birth Date: _____ / _____ / _____
- ◆ Address: _____
- ◆ Telephone: (_____) _____ Cell: (_____) _____
- ◆ E-Mail: _____
- ◆ Proposed Major: _____
- ◆ Highest Math Course Passed: _____
- ◆ Science Courses Passed: _____
- ◆ Career Interest: _____
- ◆ Extracurricular Activities: _____
- ◆ Skills and Talents: _____
- ◆ Languages Spoken: _____
- ◆ How did you hear of CCM? _____
- ◆ Why would you like to become part of CCM? _____

Statement and Signature:

I certify that all information herein is true and complete to the best of my knowledge and belief. I authorize the use of this information for club uses, and release all concerned from any liability in connection therewith. I hereby apply for membership in Porterville CCM and have read and understand the qualifications of membership and dues payment requirements.

Signature: _____ Date: _____

For office use only:

Membership Dues \$10: Paid Date: Cash: Check: (Check #)