

Coleman Professional and Academic Society

Membership Application

Please complete all sections of this application.
(Type or Print Legibly)

Coleman Alumni
 Current Coleman Student
 Non-Coleman Affiliate

Personal Information:

First Name, Middle Initial: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Personal Email Address: _____

Professional Information:

Employer Name: _____

Title: _____

Business Phone: _____ - _____

Home Phone: _____ - _____

Business Email Address: _____

Educational Information:

College/University: _____

State/Country: _____

Major/Course of Study: _____

Degree Completed: _____

Month/Year Degree Received: _____

Preferred Method of Contact:

Home Address

Personal Email

Business Email

CPAS Membership Options

Coleman Alumni/Students

Yearly Membership Dues: **\$100**

Five-Year Membership: **\$400**

Annual Dues after 5 years: **\$75**

Non-Coleman Affiliates

Yearly Membership Dues: **\$125**

Five-Year Membership: **\$500**

Annual Dues after 5 years: **\$100**

Which membership option will you be applying for?

Annual Membership

Five-Year Membership

Payment Information (Payment Must Be Enclosed With Application)

Charge My: Visa MasterCard American Express

Card No. _____

Expiration Date (M/Y): ____/____

Security Code: _____

This is the last 3 digits on the back of your credit card. For American Express Card users, this number is the 4-digit code on the front side.

Credit Card Billing Address	
Name	
Company	
Address	
City	
State	
Zip	
Country	
Email	
Phone	

Amount to be charged on credit card: \$ _____

As the credit card holder listed above, I hereby authorize CPAS to charge my credit card account for application of membership:

_____ **Cardholder's Signature** _____ **Date**

Personal Check Payments

If paying with a check or money order, please make it payable to: _____

Total Amount Enclosed: \$ _____

NOTE: Incomplete applications and/or applications received without payment will not be processed.

I hereby apply for membership in CPAS. I agree to comply with the requirements of the Bylaws and Code of Ethics and all regulations adopted by the Coleman Professional and Academic Society.

_____ **Signature** _____ **Date**