



ALUMNI ASSOCIATION - MEMBERSHIP APPLICATION

Membership is open to individuals who graduated from a degree or certificate program and/or former students who have completed 30 or more credits at Capital or one of its founding institutions. An official membership card will be forwarded to you.

Name _____
First *Last* *Maiden*

Home Address _____
Street *City* *State* *Zip*

Telephone: _____ Email: _____

Year of Graduation (if applicable) _____

Program of Study/Year(s) attended _____

Additional Education: _____

Your occupation: _____

Employer _____

Employer Address _____
Street *City* *State* *Zip*

Employer Telephone _____

Spouse/Partner name (if applicable): _____

Did your spouse/partner attend Capital or a founding institution? _____

Circle the address where you would like to be contacted: **Home** **Work**

Return To:
Capital Community College
Office of Institutional Advancement
950 Main Street Hartford, CT 06103
Telephone: 860-906-5102 Fax: 860-906-5115
E-mail: CA-foundation@ccc.commnet.edu