



### CCTC Alumni Partnership Membership Application

After completing your application, please attach the completed form to an email and send it to alumni@cctech.edu or mail it to: Alumni Partnership, Central Carolina Technical College, 506 N. Guignard Drive, Sumter, SC 29150. Membership is open to all graduates who have received a degree, diploma, or certificate from CCTC.

## Member Information

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden Name: (if applicable) \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ (Street) \_\_\_\_\_ (Apt. No.)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home) (\_\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_\_) \_\_\_\_\_

Current Email Address: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please update my contact information:  Year of Graduation: \_\_\_\_\_ Degree/Program: \_\_\_\_\_

Additional Degree(s)/Program(s): \_\_\_\_\_

## Employment Information

Job Title: \_\_\_\_\_

Name of Company/Business: \_\_\_\_\_

Company Website: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Contact Address:  Home  Work

Alumni Partnership  
Central Carolina Technical College  
506 North Guignard Drive, Sumter, SC 29150  
803.778.6671 www.cctech.edu/alumni

Central Carolina Technical College does not discriminate in employment or admissions on the basis of race, color, national origin, sex, gender identity, sexual orientation, genetic information, age, religion, disability, or any other protected class.

<b>Office Use Only:</b>	Received:	Card Mailed:	CWID:
-------------------------	-----------	--------------	-------