



# CCCECE MEMBERSHIP Form

## TYPE OF MEMBERSHIP:

### REGULAR

- ECE ADMINISTRATOR
- FULL-TIME INSTRUCTOR
- CENTER DIRECTOR
- CENTER STAFF
- LAB SCHOOL
- ADJUNCT INSTRUCTOR
- RETIRED

### ASSOCIATE

- COLLEGE ADMINISTRATOR
- RELATED AGENCY
- 4YR. FACULTY
- COMMUNITY PARTNERS

Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home \_\_\_\_\_  
Number \_\_\_\_\_ Email \_\_\_\_\_

Institution Name \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Work Phone \_\_\_\_\_  
Number \_\_\_\_\_ Work Email \_\_\_\_\_

Type of Membership  
(from above list) \_\_\_\_\_

For membership questions, contact Janell Doornenbal: [CCCECE@yosemite.edu](mailto:CCCECE@yosemite.edu)