



Application for Membership

Date: _____

Name of Community/Technical College: _____

President: _____

President's mailing address: _____

President's Phone Number: _____ Email Address: _____

FAX Number: _____

President's Administrative Assistant/Secretary: _____

Adm. Asst/Sec Phone Number: _____ Email Address: _____

Please designate an Institutional Representative (IR) who, along with the college president, will be the main contacts at your college. Typically, a vice president or other higher level person is selected as the IR.

Name of Institutional Representative (IR): _____

IR mailing address: _____

IR Phone Number: _____ Email Address: _____

FAX Number: _____

Please indicate why you want to be a member of COMBASE

Annual membership dues are \$600.

Please send a check payable to COMBASE or request that an invoice be sent to you.

Send to: COMBASE c/o CORD
4901 Bosque Blvd., Suite 200 Waco, Texas, 76710