



**SPECIFIC AREAS OF INTEREST:**

PROGRAM OFFERINGS

NETWORKING

JOB BANK POSTING(S)

VOLUNTEER BOARD

LEGISLATIVE INFO

WEBSITE ASSISTANCE

***See next page for Suggestions & Comments and Additional Members***

**SUGGESTIONS –or -  
COMMENTS:** \_\_\_\_\_

**Additional CMCC Member Information:  Returning Member  New Member**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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***Please print clearly – thank you!***

**Join today! Questions:**

Please contact CMCC Membership at [membership@cmccgroup.org](mailto:membership@cmccgroup.org).