

Application Catholic Alumni Club of Colorado

According to the 1996 Catholic Alumni Clubs International Constitution, membership in any local Catholic Alumni Club is restricted to persons who are:

a) members of the Catholic Church, b) single and free to marry in the Catholic Church, c) reached the age of 21, d) graduates of a four-year accredited college, registered nurses, or graduates of a two-year accredited college and "other" individuals, who have acquired the equivalent in terms of education, experience, or position as determined by the local organization. In d) "other individuals" may not exceed 20% of the organization's total membership or 15 members, whichever is higher.

Members have the right to vote and hold office, and hold reciprocity with other CAC Chapters. Members receive the CAC Colorado Courier and the CACI Communiqué. Our membership fee is \$24 per year, prorated at \$2 per month during the calendar year.

Personal Information

NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ DATE OF BIRTH: ____/____/____

E-MAIL ADDRESS: _____

Do you wish your address, phone, and/or email to be published on the membership list? _____

Status

Are you single and free to marry in the Catholic Church? YES ___ NO ___

Never married ___ Widowed ___ Annulled ___ (Must attach a copy of your annulment)

Marriage annulled in the diocese of _____ on _____.

Which parish do you attend? _____

Education

Are you a 2 or 4-yr. College/University graduate? 2yr ___ 4yr ___ No ___ Please explain below*

Circle Degree: AA/AS Year: _____ BA/BS Year: _____ Other Degree(s): _____ Year: _____

Name of Accredited College/University: _____

***Other Education and Experience that you wish to be considered**

Other Education: _____

Name of Educational Institution: _____

Number of Years attended: _____ Program Name: _____

Professional Experience: _____

Licensure: _____ Date: _____ Current? Yes ___ No ___

Current Occupation: _____

Comments: _____

CAC RESERVES THE RIGHT TO VERIFY ALL INFORMATION THAT YOU PROVIDE. IF ANY OF THE ABOVE INFORMATION IS FALSE, I UNDERSTAND THAT MY MEMBERSHIP MAY BE REVOKED AT ANY TIME. I FURTHER ASSUME ALL RISKS INVOLVED IN MY PARTICIPATION IN CLUB EVENTS. I HEREBY WAIVE ANY CLAIMS AGAINST THE COLORADO CATHOLIC ALUMNI CLUB, ITS DIRECTORS, AGENTS AND/OR MEMBERS.

SIGNATURE: _____ DATE: _____

Thank you for your interest in joining the Catholic Alumni Club of Colorado. This application must be completed in full before eligibility can be determined. Incomplete applications will be returned; please be sure to attach a copy of your annulment. All information is kept strictly confidential; however, if you do not wish your address, phone, or email to appear on membership lists distributed to members, please indicate this on your application. Please mail your application and check to:

CAC of Colorado
P.O. Box 503,
Wheat Ridge, CO 80034

Call Karen at 303-237-3157 for additional information.