

MENC Collegiate Chapter Enrollment Card

Please complete this card, to the best of your ability, with all of the information requested.

Please return with Collegiate applications to:

MENC Collegiate Membership, 1806 Robert Fulton Drive, Reston, VA 20191-4348

Today's Date _____ / _____ / _____

(Please print or type)

College/University _____

Department _____

Actual Street Address _____

City/State/Zip+4 _____

Chapter Advisor(s) _____

Advisor MENC ID#(s) _____

Office Telephone (_____) _____ Ext _____ Fax (_____) _____

E-Mail Address(es) _____

Chapter Website URL _____

(if applicable)