



JOIN TODAY!

CNM ALUMNI ASSOCIATION MEMBERSHIP APPLICATION

Are you updating your information? _____ Application Date: _____

Title: _____ First Name: _____ MI: _____ Last Name: _____

Name while at CNM/TVI: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Alternate Phone: () _____

Email Address: _____

PROFESSIONAL INFORMATION

Employer: _____ Business/Job Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: () _____

ALUMNI INFORMATION

Years Attended CNM/TVI: _____ I didn't graduate from CNM, but count me in anyway!

School/Dept: _____ Program of Study: _____

Diplomas/Certificate Awarded: _____

Have you ever donated to the CNM Foundation? _____

Additional Education, Degree(s), or School(s) attended: _____

Tell us what's been going on in your life since you attended TVI/CNM. _____

- I would like to be involved in developing the CNM Alumni Association.
I would like to help plan alumni events.
I would like to help with CNM events.
I would like more information about becoming a mentor for a CNM student.

How did you hear about the CNM Alumni Association? _____

MAIL OR FAX COMPLETED FORM TO:
CNM Foundation
525 Buena Vista Dr. SE
Albuquerque, NM 87106
505-224-4687
Fax: 505-224-4711