



CLEVELAND CHIROPRACTIC COLLEGE
ALUMNI ASSOCIATION

Membership

Annual \$50 (Sept 1 – Aug 31) or Lifetime \$1000

Name _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____ Cell(____) _____

E-Mail _____

Year of Graduation _____ KC or LA

Payment: Cash _____ Check # _____

Card # _____

Expiration ____ / ____ CVV _____

Statement Address (if different) _____

Amount Paid \$ _____

Complete and send to: CCC Alumni Association
c/o Dr. L Russell Matthias, Treasurer
1050 NW South Outer Rd Ste 400
Blue Springs MO 64015-3071

Phone: (816) 228-5113
Fax: (816) 228-8840
E-Mail: LRMATTDC@SBCGLOBAL.NET