

APPLICATION FOR MEMBERSHIP



**Business & Technology Partnership
California State University Channel Islands**

University Advancement

One University Drive

Camarillo, CA 93012

(805) 437-3271

FAX (805) 437-2716

eva.gomez@csuci.edu

Company Name: _____ Business/Industry Sector: _____

Attention: _____ Title: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

I am joining the membership on behalf of my company

I am joining the membership as an individual

(Please fill in completely to insure receipt of notice for future B&TP meetings and events.)

Checks should be made payable to: CSUCI Foundation – B&TP

All dues cover incidental but necessary costs such as printing, mailing, faxes, etc. directly related to B&TP meetings.

Annual dues per calendar year (January 1 thru December 31): \$100

Signature: _____

Check Enclosed \$ _____

Visa _____ Mastercard _____

Credit Card # _____ Exp. Date _____

Name of contact person representing our company who will receive correspondence, publications, invitations, etc., if other than above:

I would like to be part of the following Sector Committee(s):

Applied Mathematics, Computer Science & Engineering

Business Resource Group

Science & Technology

Energy & Natural Resources

_____ We are interested in joining at the Corporate Partners. Tell me more.

_____ We are interested in knowing more about your Student Intern Program.

_____ We are interested in Scholarships.

(Please mail or fax this form to the address listed above.)

Thank you for your interest and investing in our future!