



# CoSIDA



## 2007-08 MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_

COLLEGE AFFILIATION: \_\_\_\_\_

POSITION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

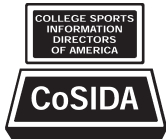
TELEPHONE: (OFFICE) \_\_\_\_\_ (HOME) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MEMBERSHIP CATEGORY: **Make Checks Payable to CoSIDA**

ACTIVE (\$50)       ASSOCIATE (\$55)       STUDENT (\$25)

**RETURN THIS FORM TO:      DAVE WOHLHUETER  
202 TUDOR RD  
ITHACA NY 14850**



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