

___ Mr. ___ Miss. ___ Mrs. ___ Ms.

___ New Member ___ Renewal

PRIMARY INFORMATION
(Published in the COMTO Directory)

Name _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Business Phone #: _____

Fax: _____

E-mail: _____

Referred by: _____

Membership Categories

___ Full-Time Undergraduate- \$25.00

___ Individual - \$100.00

___ Professor/Administrator - \$100.00

___ Elected Officials \$250.00

NATIONAL SCHOLARSHIP FUND

___ Donations are appreciated Amount ___

PAYMENT OPTIONS

___ Check/Money Order Check # ___ Amt. ___

___ Visa ___ MasterCard Card# _____

Exp. Date: _____ Name on Card: _____

Authorized Signature: _____

Date: _____

PLEASE RETURN APPLICATIONS AND PAYMENTS
TO: COMTO

Attn: Membership Chairperson – Nilda Rivera-Frazier
P.O. Box 40746
Philadelphia, PA 19107
(215) 580-7478

***CHAPTER
PRESIDENT***

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Scholarship Recipients