

Western Iowa Tech Community College

Form to be completed in application for membership to the Alumni Association Board

RETURN TO: Western Iowa Tech Community College EMAIL TO: alumni@witcc.edu
ATTN: Alumni Office
4647 Stone Avenue
Sioux City, IA 51106

Candidate Information:

| | |
|-------------------------------|--|
| Name | |
| Address | |
| City, State, Zip | |
| Birthday (Day/Month) | |
| Home Phone | |
| Office Phone | |
| Email address | |
| WITCC Graduation Program/Year | |
| Education History | |
| Job Title/Profession | |

Professional and Business Activities:

Community and Civic Involvement:

Were you involved in any clubs/activities while attending WITCC? If yes, which ones?:

**** Please feel free to submit any additional information (references, resume, character references from individuals who have served on other non-profit boards with you, etc.)**