

Application Renewal Change of Information

Provide your contact information below. Use this form to update your contact information or when renewing your membership.

CONTACT INFORMATION

<input type="checkbox"/> Mr.	Last Name		First Name		Middle Name
<input type="checkbox"/> Mrs.					
<input type="checkbox"/> Ms.					
Apt. No.	Street No.	Street Name			City
Prov./State		PC/ZIP	Country	E-mail Address	
Area Code	Telephone (Home)	Area Code	Telephone (Work)	Ext.	Area Code Fax

CHANGES TO CONTACT INFORMATION

Apt. No.	Street No.	Street Name			City
Prov./State		PC/ZIP	Country	E-mail Address	
Area Code	Telephone (Home)	Area Code	Telephone (Work)	Ext.	Area Code Fax

MEMBERSHIP

To become an Alumni Association Committee member, please e-mail kcadmissions@ictschools.com.

Cost of membership is \$20 (+ HST) for a total of \$22.60, and can be paid online using a VISA credit card, or by cheque addressed to Kikkawa College. Payments can also be made in person at reception by VISA or debit.

Changes will be made to our members list within two weeks of receiving form. Please E-mail completed forms to: kcadmissions@ictschools.com or fax to: 416-762-5733

DECLARATION

I hereby submit this form for the purpose of becoming an alumni member with Kikkawa College. I certify that the information submitted in this application contains my most current contact information and will advise Kikkawa College of any change to this information. I understand that I will receive information about employment opportunities, CEU courses, newsletters and any such other information pertinent to my membership.

Signature

Date

ICT Office Use Only	
1 - Form Received by:	_____ Initial
2 - Payment Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Debit <input type="checkbox"/> Cheque
3 - Data Input:	<input type="checkbox"/> Outlook <input type="checkbox"/> CRM