



CMU Alumni Association
Canadian Chapter
Membership/Registration Form

I wish to register for the CMU Alumni Association, Canadian Chapter. In registering for this group, I look forward to hearing about professional development opportunities and CMU alumni events that could be sent to me in a variety of electronic ways.

Name: [Click here to enter info.](#)

Address: [Click here to enter info.](#)

Preferred email: [Click here to enter info.](#)

Alternate email: [Click here to enter info.](#)

Preferred Phone Number: [Click here to enter info.](#)

Alternate Phone Number: [Click here to enter info.](#)

Occupation: [Click here to enter info.](#)

Work Location: [Click here to enter info.](#)

Linkedin: [Click here to enter info.](#)

Cohort name/number: [Click here to enter info.](#)

Year [Click here to enter info.](#)

Special Areas of Interest (please help us understand your area of expertise and if you have a passion for a particular segment of Higher Education, teaching, training and development, e.learning, learning, adult education or research) [Click here to enter information regarding your special areas of interest.](#)

All information will be kept confidential and not released to any organization unless prior consent has been received.

Please return your signed form to: cmualumni.cdn.chapter@gmail.com

Signature:

Date: [Click here to enter date.](#)