



ASSOCIATION OF CALIFORNIA COMMUNITY COLLEGE
ELIGIBILITY SPECIALISTS

ACCES

2020-2021 COLLEGE MEMBERSHIP FORM

NAME(S) _____

TITLE _____

COLLEGE _____

COLLEGE ADDRESS _____

CITY _____ ZIP _____

COLLEGE PHONE _____

EMAIL _____

\$100.00 FEE
(Single Eligibility Specialist) ENCLOSED _____

SENT UNDER
SEPARATE COVER _____

\$50.00 FEE
(Each Additional Eligibility Specialist) ENCLOSED _____

SENT UNDER
SEPARATE COVER _____

Please send in membership dues by deadline of October 1st

Make check payable to: ACCCES

**PLEASE INCLUDE APPLICATION
WITH PAYMENT TO:**

Riverside City College
Attn: Athletics - Kal Stewart
4800 Magnolia Ave
Riverside, CA 92506

TAX ID: 84-3705148

FOR OFFICE USE ONLY:

DATE RECEIVED _____

PAID: CHECK (SCHOOL) _____

CHECK (PERSONAL) _____

CASH _____