



The Consular Corps College

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APPLICATION FOR ASSOCIATE MEMBERSHIP/RENEWAL IN THE CONSULAR CORPS COLLEGE

Note: This is for consular staff only. Consular Officers should join as Full Members.

For Year 2019

(Please print)

Name: _____

Title: _____

Country/Affiliation: _____

Address: _____

City/State/Zip: _____

Consulate/Business Phone: _____

Mobile Phone: _____

E-mail: _____

The Full Member in my consulate is: _____

By checking this box, I agree to having my name, title, and contact information included in the Directories and Attendee Lists in the Members' Resource Section of the website and Symposium materials. I understand that I may change this anytime by sending an email to the Director General.

By checking this box, I acknowledge that the CCC may share photos of me on our website and in our publications. I may change my selection any time in the future by contacting the Director General.

Kindly attach a check for \$75.00 for the annual Membership dues, payable to the Consular Corps College, and send both in to 4804 Enfield Road, Bethesda, MD, 20814. You will receive a receipt for your membership.