



**North Carolina Central University  
MOTIVATIONAL TASK FORCE PROGRAM**

**CONSULTANT REGISTRATION FORM**

*Completed forms can be submitted to the NCCU Office of Alumni Relations via email at [alumnivolunteers@nccu.edu](mailto:alumnivolunteers@nccu.edu) or fax to (919) 560-5864.*

NAME: \_\_\_\_\_

HOME MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**BUSINESS INFORMATION**

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_ BUSINESS EMAIL: \_\_\_\_\_

**ALUMNI STATUS**

I AM AN NCCU ALUMNUS.

CLASS YEAR \_\_\_\_\_ MAJOR \_\_\_\_\_

I AM NOT AN NCCU ALUMNUS.

INSTITUTION \_\_\_\_\_ MAJOR \_\_\_\_\_

**PROGRAM PARTICIPATION**

I WOULD LIKE TO PARTICIPATE IN THE MTF PROGRAM **ONLY AT HOMECOMING.**

I AM AVAILABLE WHENEVER NEEDED THROUGHOUT THE YEAR.

**PROGRAM DONATION (OPTIONAL)**

I AM INCLUDING A DONATION OF \$ \_\_\_\_\_ TO HELP UNDERWRITE THE COST OF THIS PROGRAM.

**MAKE CHECK PAYABLE TO / MAIL TO: THE NCCU FOUNDATION, P.O. Box 19363, Durham, NC 27707  
(PLEASE WRITE MOTIVATIONAL TASKFORCE IN THE MEMO LINE)**