



The Commission on
INDEPENDENT
Colleges & Universities
in New York

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Albany, NY

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Affiliate Expression of Interest Form

Name of Organization: _____

Mailing Address: _____

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Website: _____

Primary Contact: _____

Title: _____

Email: _____

Secondary Contact: _____

Title: _____

Email: _____

Description of Organization: (industry; services; products; sector; size)

List CICU Members Organization Has Done Business (Include Contact Information):

1. _____

2. _____

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Please Return Form to:
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