

2010 Membership Form

I. Contact Information -- Please **print** information clearly.

Full Name: _____

Title: _____

Organization: _____

Address _____

City _____ **State** _____ **Zip** _____

E-mail Address: _____ **Phone Number:** _____

Web url: _____

II. Membership

Full Individual Membership \$300

For employees and trustees of grantmaking foundations.

(Note: Members of CommA are entitled to a \$50 discount, or \$250 for membership.)

Associate Individual Membership \$300

For non-profit employees or consultants currently working for non-profit organizations.

III. Payment Options:

Check enclosed, made payable to The Communications Network

Mail to: The Communications Network
1755 Park Street, Suite 260
Naperville, IL 60563

Charge my credit card

Card type: Visa MC Amex Discover

Number: _____ Expiration Date: _____

I authorize the Communications Network to charge my credit card for membership dues.

Signature

Date