

MEMBERSHIP
2007-08

Name _____

* Address _____

Home phone _____ Cell phone _____

Home email _____

Title _____

Place of business _____

* Address _____

Business phone _____

Business email _____

Web site _____

* Please indicate which address to be included in the directory.

Areas of Experience

- | | |
|--|--|
| <input type="radio"/> Advertising | <input type="radio"/> Medical Writing |
| <input type="radio"/> Communication Consulting | <input type="radio"/> Organizational Communication |
| <input type="radio"/> Computers/ Technology | <input type="radio"/> Printing/Publishing |
| <input type="radio"/> Continuing Medical Education (CME) | <input type="radio"/> Proofreading |
| <input type="radio"/> Development/Fundraising | <input type="radio"/> Public Relations |
| <input type="radio"/> Editing | <input type="radio"/> Recruiting, Interviewing, Resume Writing |
| <input type="radio"/> Education/Training | <input type="radio"/> Sales, Customer Service |
| <input type="radio"/> Event Planning | <input type="radio"/> Technical Writing |
| <input type="radio"/> Graphic Design | <input type="radio"/> Voice/On-Air Talent |
| <input type="radio"/> Journalism | <input type="radio"/> Web Design/Development |
| <input type="radio"/> Marketing | <input type="radio"/> Writing |

Other _____

Membership fee will be \$35 for professionals and \$15 for students. Please remit membership fees no later than November 1, 2007 to ensure a listing in the directory. Payments should be made to: InterCom, Attn: Treasurer, P.O. Box 51316, Kalamazoo, MI, 49005. Acknowledgment of receipt of payment will be sent within 2-3 weeks.