

### 2012 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.

*(\*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  
1717 North Naper Boulevard, Suite 102  
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