



Membership Application

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

<input type="checkbox"/> \$85.00 12-Month Membership <input type="checkbox"/> \$50.00 12-Month Full-time Student Membership
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Payment Information

_____ Check enclosed payable to CSPRC
 _____ Charge my credit card (circle one) MasterCard Visa American Express Discover
 Card number _____ Exp. Date _____
 3-Digit Security Code on back of card _____

Please mail Membership Application with your payment to:

CSPRC
 1693 S. Hanley Rd.
 St. Louis, MO 63144
 For information or questions contact CSPRC at 314-416-2237 or info@csprc.org

Which CSPRC committee most interests you?

- Communication Committee
- Membership Committee
- Program Committee
- Spectrum Conference Committee

What do you hope to gain from your CSPRC Membership?

In which of the following areas do you have significant responsibility in your current position:

- | | |
|---|---|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Development | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Electronic Media | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Executive Management | <input type="checkbox"/> Administration (Finance, HR, etc.) |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Other _____ |