

c o m m u n i c a t o r s

MEMBERSHIP FORM (please print clearly)

Date	Cost	Number of People
	\$50.00 per person \$25 for each additional person	

Billing Information					
Main Contact Name					
Your Title/Position					
Company					
Street Address					
City		State		Zip	
Phone		Toll Free			
Cell		Fax			
Website		Email			
Would you be interested in speaking at a luncheon?			Yes	No	Maybe <small>(circle one)</small>

Member Information (if different from above)					
Main Contact Name					
Your Title/Position					
Company					
Street Address					
City		State		Zip	
Phone		Toll Free			
Cell		Fax			
Website		Email			

Company Description (500 character maximum)

Other Comments or Questions

Note: If you have more than one member joining from your business then the "main contact" will be listed in our directories. Please provide information above for this person.

Please make check payable to Communicators, and mail it to
2700 Woodlands Village Blvd. #300-188, Flagstaff, AZ 86001.

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