

**COMMUNICATIONS COORDINATION COMMITTEE FOR THE UNITED NATIONS  
CCCUN**

**2017 MEMBERSHIP APPLICATION**

Dr./Mr./Mrs./Ms. \_\_\_\_\_  
(Circle One)                      Last Name                      First Name                      Middle Initial                      Degree(s)

Organization \_\_\_\_\_ Position \_\_\_\_\_

Your Mailing Address \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Province & Country (If not U.S.A.) \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Major area of interest: \_\_\_\_\_

Possible resources or skills that you might bring to the work of CCCUN:  
\_\_\_\_\_  
\_\_\_\_\_

Role you would like to play in the CCCUN: \_\_\_\_\_

Check One:

- Regular Member - (Representatives, Non-Governmental Organizations in Consultative Status with ECOSOC and/or DPI and/or other interested Organizations and Individuals.)  
 Student Member - (Full time graduate or undergraduate student)

<b>Enclosed are my dues for 2017:</b>	_____ \$35.00/Year	<b>Dues:</b> _____
<b>Student Dues:</b>	_____ \$10.00/Year	
<b>Additional Donation:</b>	_____ \$	<b>Donation:</b> _____
		<b>Total:</b> _____

Please write a check to: *Communications Coordination Committee for the United Nations*  
Enclose Membership Form and Mail to:

**Dr. Elizabeth Carll  
Communications Coordination Committee  
for the United Nations  
CCCUN  
1140 Ave of the Americas, 9th Floor  
New York, NY 10036**

**cccun@optonline.net; www.cccun.org**