

**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)

Enclosed are my dues for 2017: _____ \$35.00/Year Dues: _____

Student Dues: _____ \$10.00/Year

Additional Donation: _____ \$ Donation: _____

Total: _____

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