

# Student Membership Application

## 1. Membership Information

Name \_\_\_\_\_

College/ University \_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

Country \_\_\_\_\_ (check for preferred mail)

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

PERMANENT ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

Country \_\_\_\_\_ (check for preferred mail)

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

## 2. Degree pursued

(check appropriate box)

Mass Communication

Organizational Communication

Journalism

News - Editorial

Broadcast

Other: \_\_\_\_\_

Speech Communication

Advertising

Visual Communication

Marketing

Public Relations

Other: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

### 3. Payment

I prefer to charge my dues. (Please note: Credit card payments will be charged in US dollars at the prevailing exchange rate.)

Visa

American Express

Master Card

Card # \_\_\_\_\_

Exp.date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

4. How did you hear about IABC? \_\_\_\_\_

5. Why are you joining IABC? \_\_\_\_\_

Send this completed form and US \$35 (CDN \$50) to:

IABC World Headquarters  
One Hallidie Plaza, Ste. 600,  
San Francisco, CA 94102