



MEMBERSHIP APPLICATION

Company Name _____

Contact Person _____

Title _____

Address _____

Phone _____ Fax _____

E-Mail _____ Website _____

Description of your company and services: _____

Lake Communicators Member Benefits:

- Professional development
- Monthly Professional Programs
- Access to ideas, resources, and partnering opportunities
- Monthly Newsletter
- Annual Membership Roster
- Listing on our website with link to **your** website
- Development of Professional Relationships
- Access to a Host of Marketing Communication resources
- Networking Opportunities in Committees and Monthly Meetings
- NOCA Membership *

*Northeastern Ohio Communication Affiliates (NOCA) strives to advance and promote the communication practices of its members and the industry

The annual membership fee is \$100. Additional members from the same business organization may become members at the reduced rate of \$25 per person. Invoice will be issued after approval.

Please send completed application to:
Shirley Wolfe - Jaye Wolfe Entp.
6035 Cedarwood - Mentor, OH 44060
Fax: 888-846-4964
email: wolfeshirley@yahoo.com