

Communications Advisory Board Application

Representing Media _____ Seat _____ Constituent _____ Group _____
Name of Candidate: _____ Telephone Work: _____ Cell: _____ Home: _____
E-mail address Primary: _____ Secondary: _____
Mailing address Street: _____ City: _____ State: _____ Zip: _____

For Constituent Rep

Title or Position held at agency/group, if applicable: _____ Length of tenure/term: _____
Experiences or expertise that might be helpful: _____

Subcommittees on which you might be willing to serve:

- | | | |
|---|--|------------------------------------|
| _____ ICR Board of Directors (required) | _____ Newspapers/Publication Subcommittee | _____ Broadcasting Subcommittee |
| _____ Radio Subcommittee | _____ Web/Internet Subcommittee | _____ Marketing Subcommittee |
| _____ Finance Subcommittee | _____ Advertising/Sales/Circulation Subcommittee | _____ Brave New World Subcommittee |

For Media Rep

Title or Position held at agency/group, if applicable: _____ Length of tenure/term: _____
Experiences or expertise that might be helpful: _____

Subcommittees on which you might be willing to serve:

- | | | |
|------------------------------|--|------------------------------------|
| _____ ICR Board of Directors | _____ Newspapers/Publication Subcommittee | _____ Broadcasting Subcommittee |
| _____ Radio Subcommittee | _____ Web/Internet Subcommittee | _____ Marketing Subcommittee |
| _____ Finance Subcommittee | _____ Advertising/Sales/Circulation Subcommittee | _____ Brave New World Subcommittee |

Religious affiliation: _____ Level/source of knowledge of Catholic Church: _____

Name of person recommending candidate: _____ Signature: _____
Title: _____ Group: _____ Today's date: _____
Daytime phone number: _____ Cell: _____ E-mail: _____