

Corporate Membership Form

Please list the employee(s) contact information including:
(please make copies of this page if necessary)

1.)

name: _____
title: _____
organization: _____
type of business: _____
city: _____ State: _____ Zip: _____
address: _____
number of employees: _____
telephone: _____
fax: _____
e-mail: _____

2.)

name: _____
title: _____
organization: _____
type of business: _____
city: _____ State: _____ Zip: _____
address: _____
number of employees: _____
telephone: _____
fax: _____
e-mail: _____

Please make check payable to:

The Cleveland Council on World Affairs
Corporate Membership
812 Huron Road, Suite 620
Cleveland, OH 44115-1165

We are a non-profit 501 (c) (3) organization