

Application

WESTERN ILLINOIS UNIVERSITY MARKETING CLUB

Fill out this form completely. Please print all information.

Return your form with the appropriate payment to the WIU Marketing Club.

Applicant Information

Last Name _____

First Name _____

Major _____ Graduating Year _____

School Address _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____

Email: _____ Student ID# _____

Home Address _____

City _____ State _____ Zip _____

Home Phone: (____) _____ - _____

Personal Interest Areas

Please choose 4 areas, with 1 as the area you would like to learn the most about. Your selections will help us target member benefits to your professional interests.

- | | | |
|---|---|--|
| <input type="checkbox"/> Business Marketing | <input type="checkbox"/> Consumer Marketing | <input type="checkbox"/> Healthcare Marketing |
| <input type="checkbox"/> Online/Interactive | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Marketing Management |
| <input type="checkbox"/> Marketing Research | <input type="checkbox"/> Database/CRM | <input type="checkbox"/> Marketing Services |
| <input type="checkbox"/> Marketing Strategy | <input type="checkbox"/> Branding | <input type="checkbox"/> Integrated Marketing Communications |

Other WIU Organizations you are involved in:

Payment Information

Semester Dues: \$15.00

Dues Paid on: ____/____/____

Membership Until: ____/____/____

Secretary Signature: _____