

# MCCOA Membership Application

Thank you for your interest in becoming a member of the Mesa County Communications Officers' Association (MCCOA). Please fill out this application and deliver it to an MCCOA Membership Committee member. Please visit [MesaCountyPIO.com](http://MesaCountyPIO.com) for a list of MCCOA Membership Committee members.

## Mission Statement

The purpose of the MCCOA is (1) to provide networking opportunities among professional communicators in Mesa County; (2) to conduct training for members that will contribute to their professional development; (3) to serve as a cohesive unit that enhances communication with the media and the public and promotes the communication function within Mesa County organizations; and (4) to provide communication support to members who need assistance.

## Membership

Membership in MCCOA shall be open to any full-time, part-time, faculty professionals and volunteers in a communications role in Mesa County. Regional membership is available to communications professionals outside of Mesa County. Membership is also available free-of-charge to any student enrolled in a college-level or vocational course who is pursuing a career in the communications field.

## Membership Dues

Membership dues are \$75 per person and are renewed annually. Dues are collected after an application is accepted into MCCOA. Checks can be made payable to Mesa County Communications Officers' Association and given to the Membership Committee or mailed to MCCOA at PO Box 4586; Grand Junction, CO 81502.

## No Solicitation Clause

It is not appropriate for members to solicit business for themselves, or for their firm, through official MCCOA channels. (Soliciting business includes any request that would result in personal financial gain or financial gain for a member's business.) If solicitation occurs, the membership of the person soliciting may be terminated as determined by the Executive Committee with input from the Membership Committee.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please complete the questionnaire on the back side of this application. Once completed, return your application to an MCCOA member to be evaluated by the Membership Committee. A member of the Membership Committee will contact you to discuss your application. Thank you!

Do your goals for joining this group align with the MCCOA mission statement?

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What do you hope to gain from this group?

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What are you hoping to contribute to the MCCOA?

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What communication responsibilities do you have in your current position?

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If you are not a full-time communication officer, what percentage of time do you spend serving in a communications role?

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What are your strengths and weaknesses as a professional communicator?

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