

International Examiner

Community Resource Directory Enrollment Form

YES! We would like to run our listing in the *International Examiner's* Community Resource Directory, both in print and on www.iexaminer.org, for:

- _____ Six months (12 issues). Please bill us \$125.00
_____ Twelve months (24 issues). Please bill us \$250.00
_____ Eighteen months (36 issues). Please bill us \$325.00 (save \$50.00)

Category (please mark one):

- | | |
|--------------------------------------|---|
| _____ Arts & Culture | _____ Immigration Services |
| _____ Civil Rights & Advocacy | _____ Legal Services |
| _____ Education | _____ Professional & Leadership Development |
| _____ Homelessness Services | _____ Senior Services |
| _____ Homeownership Services | _____ Social & Health Services |
| _____ Housing Services | _____ Transportation Services |
| _____ Other (<i>please enter</i>): | |

Organization Name: _____

Address: _____

City/ State/Zip: _____

Email: _____ **Phone:** _____

Website: _____

Description of organization/services offered (roughly 200-300 characters):

Logo: [Please send .pdf or .jpeg file to \[lexi@iexaminer.org\]\(mailto:lexi@iexaminer.org\)](mailto:lexi@iexaminer.org)

Payment Method:

- _____ I will send a check payable to: "International Examiner"
_____ Please send me an invoice. Billing Address (if different from above):

Address: _____ **City/ State/Zip:** _____

Name: _____ **Signature:** _____

Phone: _____ **Email:** _____

Thank you very much for your support!

**** Please return form by email to lexi@iexaminer.org
or mail to 409 Maynard Ave. S, Suite 203, Seattle, WA 98104****