## **JOB BANK** Form

POSITION DA	TA:						
Title of Position _							
Employer Contact	Person						
Employer Name _							
Employer Address	·						
City/State/Zip							
Employer Phone _			Em	ployer Email			
required, where/h	now to apply, and the	e document	s to be submi	tted (e.g. resume	, cover letter, tra	nscript, v	ce areas, qualifications writing sample, salary not exceed 400 words.
	tmes sent directly to # will be assigned at						
Please indicate to	which category this	applies:	Law Firm	/Corporate N	on-Profit/Acade	nic G	overnment
COST:	mes sent directly to t	he employe	r or employer	's nortal per mon	th		\$100.00
_							\$125.00
S				0 1			\$25.00
	e received in advance er. If you want your l						vill appear in the next cover the total fee.
\$	Total Enclosed	Visa	MasterCard	American Expre	ess Discover	Check	
Credit card no					Exp. date		CVV:
Cardholder Name				Signature			

## **PLEASE SEND THIS FORM AND PAYMENT TO:**

Federal Communications Bar Association 1020 19th Street, NW, Suite 325 Washington, DC 20036

Phone: (202) 293-4000 Email: kerry@fcba.org