



MACIC MEMBERSHIP DECLARATION

2018-2019

Yes, I value the work of the Milwaukee Area College Internship Consortium and would like my school

_____ (Name of College/University)

career/internship office identified as a member of MACIC for the 2018-2019 school year.

College/University Address:

Office Telephone:

Representatives are:

Name:

Title

E-mail:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return to: Alex Lawver, MACIC Secretary

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1500 N University Drive
Waukesha, WI 53188
Email: alexandria.lawver@uwc.edu