



## Membership Application for the Louisiana Chapter of URISA

*Formed in 1963, the mission of the Urban and Regional Information Systems Association (URISA) is to facilitate the use and integration of information technologies to improve the quality of life in our urban and regional environments*

### Annual Membership Dues:

- **Professional Membership:** Free for 2010; In 2011, \$30 regular; \$20 if a URISA member.
- **Student Membership (requires proof of full-time status):** Free for 2010; \$15 thereafter.
- **Business Membership:** Free for 2010; \$125 thereafter (includes 4 memberships and representation on the *La URISA* website ([http://www.urisa.org/la\\_chapter](http://www.urisa.org/la_chapter))).

While LA URISA is in the process of organizing and developing programs for 2010, no membership fees\* will be required. Membership fees will be requested in late Fall 2010 and must be paid by January 1, 2011. The fees will be paid according to the following schedule. (check category of membership and application submittal date). All fees are in US dollars.

### Submittal Date:

- **January 1 – September 30:** 100% of annual dues
- **October 1 – December 31:** FREE for current year but 100% of dues must be pre-paid for following year's membership.

**Application Form:** All members must submit the 2010 application using one of the forms outlined below.

Name \_\_\_\_\_

Job Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Method of Payment** (in US dollars)  Check enclosed and made payable to "LA URISA". There will be a \$30 fee for all returned checks.

### Return completed form with payment\* to:

LA URISA  
P.O. Box 113464  
Metairie, LA 70011-3464

Any membership questions: Please contact Mr. Bart Pittari at [pittari@gmail.com](mailto:pittari@gmail.com).

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**(For Business Members Only)**  
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Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Business Members can have 4 employees included in their membership. Please list them here. If address is different please write next to the name. Please include an email address for each individual.**

Members:

**1.** \_\_\_\_\_ **Email:** \_\_\_\_\_

Address is same as company

Address (if not same) \_\_\_\_\_

**2.** \_\_\_\_\_ **Email:** \_\_\_\_\_

Address is same as company

Address (if not same) \_\_\_\_\_

**3.** \_\_\_\_\_ **Email:** \_\_\_\_\_

Address is same as company

Address (if not same) \_\_\_\_\_

**4.** \_\_\_\_\_ **Email:** \_\_\_\_\_

Address is same as company

Address (if not same) \_\_\_\_\_

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**(For Students Only)**  
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I verify that (student) \_\_\_\_\_ is enrolled as a full-time student at  
(school) \_\_\_\_\_ for (year) \_\_\_\_\_ .

**Printed** name of Department representative: \_\_\_\_\_

**Signature** of Department representative: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_