JOIN URISA TODAY! – GOVERNMENT AGENCY MEMBERSHIP APPLICATION

Individual, Educational Institution and Corporate/Business Partner memberships are also available and are detailed separately.

Whether you work for a city, county, regional council, state/province, tribal or a federal agency, URISA is your agency’s professional GIS community!

Government agencies appreciate the opportunity to take advantage of this ‘enterprise’ membership which includes professional membership for GIS staff whether they are clustered in one GIS Department or are spread out across a number of departments (assessor’s office, public health, emergency management, planning, etc).

Take advantage of the convenience and the savings. A government agency membership includes two individual memberships for $350 (individual memberships are otherwise $195 each). Additional individuals can be added at a discounted rate of $150. Young professionals may be added for the $125 rate.

All members receive:

- Significant discounts on registration fees for URISA-sponsored conferences, the URISA GIS Leadership Academy, workshops, and webinars.
- Subscriptions to the association’s publications including The GIS Professional and URISA Digest, along with access to the vast electronic URISA Library of conference proceedings, and other resources.
- A 365 day online community, through URISA Connect, to discuss areas of interest, explore solutions and talk over challenges with your peers and leaders in the profession.
- Advocacy efforts for the profession and ample opportunities to contribute on URISA Committees and Task Forces (and earn GISP points).
- An experienced and welcoming network of professionals.
- ....and so much more!

Requirement: a primary contact must be named with each government agency membership.

Dues are pro-rated during your agency’s first year of membership and should be paid according to the following schedule. All fees are in US dollars. Annual memberships expire at the end of each calendar year.

<table>
<thead>
<tr>
<th>Government Agency Membership Fee (includes two individual members)</th>
<th>Dues Fee for Additional Agency Staff</th>
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</thead>
<tbody>
<tr>
<td>January 1 - March 31 75% of current annual dues fee</td>
<td>$262.50</td>
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<tr>
<td>April 1 - June 30 (50% of current annual dues fee)</td>
<td>$175.00</td>
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<tr>
<td>July 1 - September 30 (25% for remainder of current year, plus 100% dues for following year)</td>
<td>$437.50</td>
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<tr>
<td>October 1 - December 31 (Free for remainder of current year, 100% of dues pre-paid for future year)</td>
<td>$350.00</td>
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</tbody>
</table>
Name of Government Agency __________________________________________________________

Type of Agency:

☐ Municipal (City/Town/Village)  ☐ County/Parish  ☐ Regional Council/COG

☐ State/Provincial  ☐ Tribal  ☐ National/Federal

Address __________________________________________________________

City __________________________ State/Province __________ Zip/Postal Code __________

Country _________________________

Main Phone ______________________ Main Fax ______________________

Agency Website URL __________________________

Government Agency Dues Payment According to First Year Join Date:

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<tr>
<td>(includes two individual members)</td>
<td>(indicate # per category)</td>
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</tbody>
</table>
| January 1 - March 31 (75% of current annual dues fee) | ☐ $262.50 | ☐ $112.50 Regular Professional
| | | ☐ $93.75 Young Professional |
| April 1 - June 30 (50% of current annual dues fee) | ☐ $175 | ☐ $75.00 Regular Professional
| | | ☐ $62.50 Young Professional |
| July 1 - September 30 (25% for remainder of current year, plus 100% dues for following year) | ☐ $437.50 | ☐ $187.50 Regular Professional
| | | ☐ $156.25 Young Professional |
| October 1 - December 31 (Free for remainder of current year, 100% of dues pre-paid for future year) | ☐ $350 | ☐ $150.00 Regular Professional
| | | ☐ $125.00 Young Professional |

Specify all individual members on following pages.

Total Due $ ______________________ Date ______________________

Method of Payment (in US dollars)  ☐ Check enclosed ($30 fee for all returned checks)

☐ VISA  ☐ MasterCard  ☐ American Express

I authorize URISA to charge my credit card account # ______________________

Expiration Date ______________________

Signature ______________________

Return completed form with payment to:

URISA
PO Box 1247
Bedford Park, IL 60499-1247 USA

(847) 824-6300, Fax: (847) 824-6363 info@urisa.org www.urisa.org
Include names and complete contact information for both members included in agency membership along with additional agency staff.

**Member #1: Primary Contact for Agency Membership** *(main contact for membership administration; will receive annual dues invoice)*

Name______________________________________________________________

Indicate Category:  [ ] Regular Professional  [ ] Young Professional

Job Title__________________________________________________________

Phone __________________________ Fax ____________________________

*By providing your email address, you will receive periodic emails from URISA (primary communication method for association news, publications).*

E-mail ___________________________________________________________

Address if different from above _______________________________________

City __________________________ State/Province ______________ Zip/Postal Code ________________

Country __________________________________________________________

**Member #2:*

Name______________________________________________________________

Indicate Category:  [ ] Regular Professional  [ ] Young Professional

Job Title__________________________________________________________

Phone __________________________ Fax ____________________________

*By providing your email address, you will receive periodic emails from URISA (primary communication method for association news, publications).*

E-mail ___________________________________________________________

Address if different from above _______________________________________

City __________________________ State/Province ______________ Zip/Postal Code ________________

Country __________________________________________________________

**Additional Agency Staff:**

Name______________________________________________________________

Indicate Category:  [ ] Regular Professional  [ ] Young Professional

Job Title__________________________________________________________

Phone __________________________ Fax ____________________________

*By providing your email address, you will receive periodic emails from URISA (primary communication method for association news, publications).*

E-mail ___________________________________________________________

Address if different from above _______________________________________

City __________________________ State/Province ______________ Zip/Postal Code ________________

Country __________________________________________________________
Additional Agency Staff:

Name

Indicate Category:  □ Regular Professional  □ Young Professional

Job Title

Phone __________________________ Fax __________________________

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City __________________________ State/Province __________________________ Zip/Postal Code __________________________

Country __________________________

Additional Agency Staff:

Name

Indicate Category:  □ Regular Professional  □ Young Professional

Job Title

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Additional Agency Staff:

Name

Indicate Category:  □ Regular Professional  □ Young Professional

Job Title

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Make additional copies as necessary.