UPGRADE YOUR 2020 URISA INDIVIDUAL MEMBERSHIP TO AN EDUCATIONAL INSTITUTION MEMBERSHIP

Name of College/University ___________________________________________________________________________________

Address _______________________________________________________________________________________________________

City __________________ State/Province ___________ Zip/Postal Code ________________
Country ____________________________________________________________

Main Phone __________________ Main Fax __________________
Agency Website URL __________________

Government Agency Dues Payment:

<table>
<thead>
<tr>
<th>Educational Institution Membership Fee (includes two faculty members and up to ten students)</th>
<th>Additional Student Members @ $10</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ $400</td>
<td>_____@ $10 = $ __________________</td>
</tr>
</tbody>
</table>

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 faculty members and ten student members included in membership along with additional students.

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>E-mail</th>
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<th>City</th>
<th>State/Province</th>
<th>Zip/Postal Code</th>
</tr>
</thead>
</table>

| Country | |

**Faculty Member #2:**

<table>
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<tr>
<th>Name</th>
<th>Job Title</th>
<th>Phone</th>
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</table>

| Country | |

**Student Member #1:**

| Phone | |

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

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| Country | |

**Student Member #2:**

| Phone | |

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</table>

| Country | |
Student Member #8: ________________________________________________________________

Phone ____________________________________________________________

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 Student Members @ $10 each (normally $20)

Additional Student Member #1: ____________________________

Phone ____________________________

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 Student Member #2: ____________________________

Phone ____________________________

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 Student Member #3: ____________________________

Phone ____________________________

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 Student Member #4: ____________________________

Phone ____________________________

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 Student Member #5: ____________________________

Phone ____________________________

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 ____________________________

Make additional copies as necessary.