



UPGRADE YOUR 2021 URISA INDIVIDUAL MEMBERSHIP TO THE GOVERNMENT AGENCY MEMBERSHIP

Name of Government Agency _____

Type of Agency: Municipal (City/Town) County/Parish Regional Council/COG State/Provincial
 National/Federal Tribal

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Main Phone _____ Main Fax _____

Agency Website URL _____

Government Agency Dues Payment:

Government Agency Membership Fee (includes two individual members)	Dues Fee for Additional Agency Staff (indicate # per category)
<input type="checkbox"/> \$350	_____ \$150.00 Regular Professional _____ \$125.00 Young Professional (35 or younger)

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 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 _____

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 _____

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 _____

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

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Country _____

Additional Agency Staff:

Name _____

Indicate Category: Regular Professional Young Professional

Job Title _____

Phone _____ Fax _____

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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.