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:

<table>
<thead>
<tr>
<th>Government Agency Membership Fee (includes two individual members)</th>
<th>Dues Fee for Additional Agency Staff (indicate # per category)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ $350</td>
<td>$150.00 Regular Professional</td>
</tr>
<tr>
<td></td>
<td>$125.00 Young Professional (35 or younger)</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   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 ______________

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Make additional copies as necessary.