

JOIN URISA TODAY! – EDUCATIONAL INSTITUTION MEMBERSHIP APPLICATION

Individual, Government Agency and Corporate/Business Partner memberships are also available and are detailed separately.

URISA has long valued its relationships with the academic community. Most of URISA’s founding members were esteemed faculty within urban planning departments. An Educational Institution membership is available to faculty and staff at colleges and universities at a single location. This option includes membership for two faculty members and up to ten (10) student members for \$400 (value of \$550), with additional dues for an unlimited number of student members at \$10/each. (The regular annual dues fee for an individual member is \$175 and for students, the fee is \$20.) The membership also includes marketing benefits including listing in partner directories (online and printed) and access to the membership list.

Individual membership benefits include: discounted pricing on URISA-sponsored conferences, workshops, webinars and publications; subscriptions to The GIS Professional and URISA Digest; access to the vast electronic URISA Library of conference proceedings, Journals, and other resources; along with advocacy efforts for the profession and ample opportunities to contribute.

Dues are pro-rated and should be paid according to the following schedule for first year’s dues (check category of membership according to the application submittal date). All fees are in US dollars. Annual memberships expire at the end of each calendar year.

Submittal Date	Payment Due
January 1 - March 31	75% of current annual dues fee: <input type="checkbox"/> Educational Institution: \$300
April 1 - June 30	50% of current annual dues fee: <input type="checkbox"/> Educational Institution: \$200
July 1 - September 30	25% for remainder of current year, plus 100% dues for following year: <input type="checkbox"/> Educational Institution: \$500
October 1 - December 31	Free for remainder of current year, 100% of dues pre-paid for future year: <input type="checkbox"/> Educational Institution: \$400

Name of Educational Institution _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Main Phone _____ Main Fax _____

Website URL _____

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

VISA MasterCard American Express

Amount \$ _____ Date _____

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

Primary Contact for Membership (main contact for membership administration; will receive billing information)

Check here if the primary contact is also one of the individual members included in membership.

Name _____

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 _____

Indicate additional faculty members (two if primary contact is not a named member; one if the primary contact is a member with the package).

Faculty Name _____

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 _____

Faculty Name _____

Title _____

Phone _____ Fax _____

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Country _____

Include names of up to ten (10) students to include in the membership on the following page. Add \$10 for any additional student members beyond those included in the package.

Student Name _____

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 _____

Student Name _____

Phone _____ Fax _____

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Please print additional copies of this page to include additional student members.

