



Membership Application for the Louisiana Chapter of URISA

Formed in 1963, the mission of the Urban and Regional Information Systems Association (URISA) International is to facilitate the use and integration of information technologies to improve the quality of life in our urban and regional environments. LaURISA was chartered in 1992 and is dedicated to connecting GIS professionals throughout the state via educational, social and professional activities. All are welcome to join!

Annual Membership Dues (January 1-December 31):

- **Professional Individual Membership:** 2018 rate:\$50
- **Student Membership (requires proof of full-time status):** 2018 rate: \$20
- **Corporate/Agency Membership:** 2018 rate: \$125 (includes 3 memberships and company/agency logo on the *La URISA* website <http://www.urisa.org/chapters/louisiana-chapter/>).

Membership dues received prior to January 1, 2018 will be credited toward 2018. Or register online at <http://www.urisa.org/chapters/louisiana-chapter>.

Application Form

Name _____

Job Title _____ Organization _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Phone _____ Fax _____

E-mail _____

Method of Payment (in US dollars) Check enclosed and made payable to "LA URISA". There will be a \$30 fee for all returned checks.

Return completed form with payment to:

LA URISA
P O Box 850316
New Orleans, LA 70185-0316

Or Pay by Credit Card at <http://www.urisa.org/chapters/louisiana-chapter>



**Membership Application for the Louisiana Chapter of URISA
Or Register online at:
<http://www.urisa.org/chapters/louisiana-chapter>**

(For Corporate/Agency Members Only)

Business Name: _____

Address: _____ Phone: _____

City _____ State _____ Zip _____

Business Members can have 3 employees included in their membership. Please list them here. If address is different please write next to the name. Please include an email address for each individual.

Members:

1. _____ **Email:** _____

Address is same as company

Address (if not same) _____

2. _____ **Email:** _____

Address is same as company

Address (if not same) _____

3. _____ **Email:** _____

Address is same as company

Address (if not same) _____

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(For Students Only)

I verify that (student) _____ is enrolled as a full-time student at
(school) _____ for (year) _____ .

Printed name of Department representative: _____

Signature of Department representative: _____

Date: _____ Phone: _____

Department: _____