

2010 Georgia URISA Membership Application



Please Check Membership Type:

<input type="checkbox"/>	Corporate \$225	<ul style="list-style-type: none"> • All individual member benefits • Membership to four (4) people in your organization • Additional Memberships for people in your organization \$20 • A link to your website from www.gaurisa.org • Corporate advertisement insert in annual membership directory
<input type="checkbox"/>	Business \$150	<ul style="list-style-type: none"> • All individual member benefits • Membership for two (2) people in your organization
<input type="checkbox"/>	Institutional / Not-for-Profit \$120	<ul style="list-style-type: none"> • All individual member benefits • Membership to four (4) people in your organization • A link to your website from www.gaurisa.org
<input type="checkbox"/>	Individual \$40	<ul style="list-style-type: none"> • Discount on URISA sponsored events & Free Membership directory • Free admission to member appreciation luncheon/seminar • Email reminders for monthly meetings and events on spatial data issues • A personal listing in Annual Membership directory • Opportunity to be elected to Board of Directors
<input type="checkbox"/>	Student Free	<ul style="list-style-type: none"> • Monthly email notices on educational luncheons • Local and educational networking opportunities • Copy of Student Photo ID Required with application

Member Information:

Name: _____
 Job Title: _____
 Organization: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 Email: _____
 http:// _____

2) * Name: _____
 Job Title: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 * Email: _____
 * Information: Organization Personal

Additional Members:

1) * Name: _____
 Job Title: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 * Email: _____
 * Information: Organization Personal

3) * Name: _____
 Job Title: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 * Email: _____
 * Information: Organization Personal

4) * Name: _____
 Job Title: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 * Email: _____
 * Information: Organization Personal

* Must complete to join additional members.

Please Mail Payment to:
 Georgia URISA
 Box 317
 3780 Old Norcross Road, Suite 103
 Duluth, GA 30096

URISA Office use/prc

Date rec'd: _____ Check #: _____
 Date entered: _____ Entered by: _____
 Federal Tax ID # 58-1885798