

2011 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 current Student Photo ID required with application

Member Information:

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

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

* Information: Organization Personal

Additional Members:

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

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

* Information: Organization Personal

* 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

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 URISA Office use

Date rec'd: ___/___/___ Check #: _____ Entered by: _____ Date entered: ___/___/___