

Georgia URISA Membership Application



Please Check Membership Type:

<input type="checkbox"/>	Corporate \$225	<ul style="list-style-type: none"> ✦ All Individual Member Benefits ✦ 4 Individual Memberships for Your Organization (Additional Members – \$20) ✦ Your Corporate Logo, Website Link, & Address Posted on www.gaurisa.org ✦ Your Corporate Logo Posted on Pre- & Post-Presentation Slideshow at Monthly Meetings & Workshops ✦ Annual Spring E-Mail Blast with Your Company Info (Membership Must Be Current as of March 31st) ✦ Corporate Advertisement Insert (1/4-Page) in Annual Membership Directory
<input type="checkbox"/>	Government/ Non-Profit \$120	<ul style="list-style-type: none"> ✦ All Individual Member Benefits ✦ 4 Individual Memberships for Your Organization (Additional Members – \$20) ✦ A Link to Your Website on www.gaurisa.org
<input type="checkbox"/>	Individual \$40	<ul style="list-style-type: none"> ✦ E-Mail Reminders for Monthly Meetings & Events ✦ Free Annual Membership Directory ✦ A personal Listing in the Annual Membership Directory ✦ Discount on URISA-Sponsored Events ✦ Free Admission to Member Appreciation Luncheon/Seminar ✦ Opportunity to be Elected to Board of Directors
<input type="checkbox"/>	Student FREE!	<ul style="list-style-type: none"> ✦ E-Mail Reminders for Monthly Meetings & Events ✦ Free Annual Membership Directory ✦ A personal Listing in the Annual Membership Directory ✦ (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: _____

Additional Members:

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

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

* Must complete to join additional members

Please make checks payable to: Georgia URISA Mailing location: PO Box 317 3780 Old Norcross Road, Ste 103 Duluth, GA 30096	For credit card payments and online application visit http://www.gaurisa.org/ membership-sign-up/
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 URISA Office use

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