

Society of Research Administrators International

Membership Application

1901 North Moore Street, Suite 1004 • Arlington, VA 22209 • Tel - (703) 741-0140 • Fax - (703) 741-0142
info@srainternational.org • http://www.srainternational.org

(Please type or print legibly to prevent misspellings. The information below is used for SRA mailings and directory listings.)

Prefix: _____ Name: _____ Nickname: _____ Degree(s): _____
(Mr/Ms/Dr) (MBA, PhD, MD, etc.)

Title: _____

Department: _____

Company: _____

Address: _____

City/ Province/ State/ Zip: _____

Country: _____ E-mail: _____

Phone: _____ Fax: _____

Check the box for your Local or State Chapter and Division affiliation (sections are assigned by your location):

Northeast Section: Allegheny

Western Section: AK HI Northern CA Southern CA Pacific Northwest

Midwest Section: MI OH

Southern Section: FL GA/SC NC PR TX VA

Division: Commercial Educational Governmental Non-Profit

Membership Dues and Fees

Please check one box:

- Individual Member** \$165.00 annual dues plus a non-member \$30.00 processing fee \$195.00
- Institutional Member** \$165.00 annual dues plus non-member \$30.00 processing fee **per person** \$195.00/member
* Institutions may sign up and pay for as many SRA members as they wish. Full membership is required per person
* Institutions may replace those who leave by sending the Executive Office such notification in writing.
* A new profile form will be required for the replacement.

Please photocopy this form (both sides) for each Member to complete, and return all forms collectively.

- Student Member** \$40 annual dues plus a non-member \$30 processing fee if applicable \$70.00
(Please include a photocopy of your student ID or other appropriate identification.)
- Retired Member** \$40 annual dues plus a non-member \$30 processing fee if applicable \$70.00

PAYMENT INFORMATION

Please remit copy of Application with payment to:

SRA
P.O. Box 79856
Baltimore MD 21279-0856

All payments must be in U.S. dollars.

Payment by Credit Card: (Discover not Accepted)

Circle one: MasterCard Visa American Express

Credit Card No. _____

Expiration Date _____

Name as it appears on card _____

Signature _____

Payment by Check:

Please make checks payable to

Society of Research Administrators (SRA).

