

BUSINESS OPERATIONS CENTER

Employee Name: _____

Date: _____

ANR Unit Name: _____

Organization Name: _____

URL: _____

Membership will be: INDIVIDUAL INSTITUTIONAL/GROUP

Annual Cost: \$ _____

Fund source to be charged (e.g., Account No.):

Fund Source Is: RESTRICTED UNRESTRICTED

Type of Organization (check one)

- Scholarly society or professional organization
- Membership is mandated by _____
(e.g., job description, licensing agency, or other specific authority.)
- Organizations where memberships are required to receive desired periodicals or office supplies and equipment (e.g., membership discount stores, etc.)
- Organizations of institutional service agencies and/or administrative officers (e.g., Western Association of College and University Business Officers)
- Community organizations (e.g., Chambers of Commerce, Rotary Club, etc.)
- Other (Explain) _____

Brief description of organization's mission:

Membership in organization will support requestor's professional responsibilities and will be programmatically and/or administratively beneficial to the University for the following reasons:

(IF DESIRED, PROVIDE FURTHER INFORMATION ON ATTACHED SHEET)

Department Head (Name)

(Signature)

Date