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## Membership in Professional or Trade Organization

Department:

Requested By:

Name of Organization and Address:

Purpose or Objective of Organization:

Benefit to University:

Costs (State Fees, Method of Payment e.g., Annual, Semi-annual, Quarterly, etc..., Fund Source):

Type of Membership (List of names of staff representing the University):

Institutional

Individual

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Department Chair/Director/Dean

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Vice President/Chancellor

Approved/Disapproved:

Approved/Disapproved:

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Signature

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Signature

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Date

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Date

NOTE: A copy of this approval must accompany the payment documents to Disbursing.