



Council on Undergraduate Research

2011- 2012 Affiliate Membership Form

(Membership year: 7/1/11 - 6/30/12)

CUR Affiliate Members strengthen the base of support for CUR's programs and activities. Affiliate membership is designed to allow organizations to network with colleges and universities in the support of undergraduate research. Membership not only offers opportunities for professional development and organizational enhancement, but also provides advertising opportunities on the CUR website, and at our many events. Affiliate membership verifies administrative commitment to and support of undergraduate research, and facilitates dialogue and networking between officers and educational professionals. We thank you for your support of the Council on Undergraduate Research. For information on CUR membership benefits and programs, please visit our website at www.cur.org.

Organization Name : _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Website: _____

President - for our records only:

Name: _____ Title: _____

Institution: _____

Term Ends: _____ Email: _____

Address: _____

City _____ State _____ Zip Code _____

* If the President wishes to receive full membership benefits under this membership, then they also must be listed as the contact below:

Main Affiliate Representative: (will receive full individual membership benefits)

Name: _____ Title: _____

Name of Office: _____

Phone: _____ Fax: _____ Email: _____

Additional Contacts: (will receive monthly E-Newsletter and Electronic quarterly)

Name: _____ Email: _____

Title: _____

Name: _____ Email: _____

Title: _____

Name: _____ Email: _____

Title: _____

Form completed by: _____ Office: _____

Phone: _____ Fax: _____ Email: _____

Method of payment:

Invoice or PO Number _____ \$325.00 Payment Enclosed Update Only

Check enclosed VISA Mastercard # _____ - _____ - _____ - _____

Exp. Date: ___/___ 3 digit security code from back of card _____

Name as it appears on card _____ Signature _____

Address on mailing statement of credit card: _____

City _____ State/Province _____ Zip _____

Return this form, along with payment, to the Council on Undergraduate Research. Our federal ID No. is: 41-1398118. If you are mailing your check separately, please attach a copy of this application and the invoice. Send to: Council on Undergraduate Research, 734 15th Street NW, Suite 550, Washington, DC 20005. FAX: 202-783-4811; PHONE: 202-783-4810