



Council on Undergraduate Research  
 2011-2012 Enhanced Institutional Membership Form  
 (Membership year: 7/1/11-6/30/12)

This membership allows any faculty member, student or staff member from your institution to join the Council on Undergraduate Research at no additional cost to the individual. Dues for this structure are based on your undergraduate student FTE.

All other membership benefits of the institutional membership also apply to the enhanced membership. For enhanced institutional members, the first three representatives will receive a paper copy of the CUR Quarterly, as will the Library Director, and all other members will receive an electronic subscription.

Additional benefits that are extended only to enhanced members are:

- Access to the Registry of Undergraduate Researchers for Graduate School Recruitment (\$1200 value)
- 10% discount off conferences such as CUR Dialogues or the National Conference for groups of 6 or more attendees

Should you have any questions regarding this membership, please contact CUR at cur@cur.org or 202-783-4810

**Institution:** \_\_\_\_\_

**Renewal Contact:** \_\_\_\_\_ **Office:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Tiers: (Based on Full-Time Equivalent (FTE) Students) Please contact CUR for System Dues Discounts**

- 1-5,000 FTE                      Dues \$2,000
- 5,001-10,000 FTE                Dues \$3,000
- over 10,000 FTE                 Dues \$4,000

Enhanced Institutional Membership Dues-

Method of Payment:     Update Only     Check enclosed \*     VISA     MasterCard     Discover

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp. Date: \_\_\_/\_\_\_    3 digit security code from back of card \_\_\_\_\_

Name as it appears on card \_\_\_\_\_      Signature \_\_\_\_\_

Return this form with payment. \*Make checks payable to Council on Undergraduate Research.    FEIN: 41-1398118

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

Please use the back side of this form to provide additional contact information.



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

For information on CUR membership benefits and programs, please visit our website at [www.cur.org](http://www.cur.org).

Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Institution's website: \_\_\_\_\_

**Institutional Representatives (Receive full membership benefits including a paper copy subscription to the *CUR Quarterly*)**

**First Institutional Representative:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name of Office: \_\_\_\_\_ Division: \* See options below \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Second Institutional Representative:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name of Office: \_\_\_\_\_ Division: \* See options below \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Third Institutional Representative:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name of Office: \_\_\_\_\_ Division: \* See options below \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Divisions:** Arts/Humanities, At-Large, Biology, Chemistry, Geosciences, Health Sciences, Math/Computer Sciences, Physics/Astronomy, Psychology, Social Science, Undergraduate Research Program Directors

**\*\*\*This membership includes unlimited memberships. To add additional individuals, please contact [cur@cur.org](mailto:cur@cur.org) or call our National Office 202-783-4810 for further instructions.**

**Library Director:** \_\_\_\_\_  
 Library Address: \_\_\_\_\_  
 Please use the above space to provide the address of the main library. A free subscription to the *CUR Quarterly* will be sent to this address.  
**Primary Contact for Renewal:** \_\_\_\_\_ Office: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

**Additional Points of Contact ( If not listed above as a Representative) -will receive an electronic subscription to the *CUR Quarterly***

**President/Chancellor:** \_\_\_\_\_ Email: \_\_\_\_\_  
**Chief Academic Officer:** \_\_\_\_\_ Email: \_\_\_\_\_  
**Government Relations/Policy Contact:** \_\_\_\_\_ Email: \_\_\_\_\_  
**Grants/Sponsored Programs Officer:** \_\_\_\_\_ Email: \_\_\_\_\_  
**PR/Communications Director:** \_\_\_\_\_ Email: \_\_\_\_\_  
**Undergraduate Research Director:** \_\_\_\_\_ Email: \_\_\_\_\_