



NIRSA Individual Membership Application / Renewal

Update your full profile at www.nirsa.me

Contact Information

First Name _____ MI _____ Last Name _____

Designations: RCRSP CRSS Ph.D. Ed.D.

Job Title _____

Institution _____

Mailing Address OFFICE HOME _____

City _____ State/Province _____ Zip _____

Office Phone _____ Cell Phone _____

Email _____

Membership type: Professional Student

Membership Rates

	1 Year	2 Year Option Save 5%	3 Year Option Save 10%
Professional Member	\$170	\$323	\$459
Professional Member at Member Institution	\$136	\$259	\$368
Professional Life Member	\$1,550		
Student Member	\$74	\$140	\$199
Student Member at Member Institution	\$62	\$118	\$167

For more information on membership types visit www.nirsa.org/bylaws.

All new memberships begin in the month that payment is received.

Please submit this form to NIRSA today!

NIRSA Headquarters
4185 SW Research Way
Corvallis, OR 97333-1067

tel: 541-766-8211
fax: 541-766-8284

email: billing@nirsa.org
web: www.nirsa.org

Payment:

TOTAL \$

Check enclosed (make checks payable to NIRSA; U.S. funds only)

Visa MasterCard Discover American Express

Credit Card Number _____ Expiration Date _____

Name on Card _____

Signature _____

Coupon code _____ Person who recommended NIRSA to you _____