



NIRSA Life Membership Application

Rates apply between July 1, 2018 and June 30, 2020

Tip: This form is optimized for Adobe Acrobat Reader. <https://get.adobe.com/reader/>

About You

Tip: Update your full profile at www.nirsa.me

First Name	MI	Institution
Last Name		Address
	RCRSP CRSS PhD EdD	
Job Title		Office Home
Office Phone		City
Cell Phone	State/Province	Zip/Postal
Email		

Membership Rate

Two consecutive years of professional membership required.


\$1,670 Life Membership

Please note: Career changes can affect eligibility for membership. In the case of no longer qualifying, Life Membership may be suspended with no refund. Individuals will be given the opportunity to purchase the correct membership. If employment status changes to once again qualify for Life Membership, it will be reinstated upon request.

Payment

New memberships begin in the month that payment is received

I have read and understand the **NIRSA Membership Admissions & Renewals Policy** at www.nirsa.org/membership-policies

Total \$	Name on Card		
Coupon Code	Credit Card #		
Method	Check made payable to NIRSA (US funds only)	Expiration Date	Security Code
Credit Card	   	Signature	



Please return this form to NIRSA today!

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