

# Texas A&M University Corpus Christi Request for New Membership

(not included in preapproved generic membership categories)

1. Department Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
  
Name of Employee if Individual Membership: \_\_\_\_\_
  
2. Official Name of Association, Society, or Organization: \_\_\_\_\_  

New Membership	Renewal	Subscription Only
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3. Describe functions of association, society, or organization: \_\_\_\_\_
  
  
  
4. Amount of Membership Dues: \$ \_\_\_\_\_
  
5. Effective Date of Membership:  
From: \_\_\_\_\_ To: \_\_\_\_\_
  
6. Anticipated amount of meeting registration fee (if applicable): \$ \_\_\_\_\_
  
7. Describe why membership in this association, society, or organization is necessary: \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
8. How many employees in your department will participate in or have an active part in this association, society, or organization? \_\_\_\_\_
  
9. Proposed Funding Source (Account number and Title of Account): \_\_\_\_\_
  
10. Signature of Department Head or Designee \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

11. Signature of the President or President's designee:

Signature:

Print Name:

Date Approved:

Submit form with requisition in IslanderBuy