

## APPROVAL REQUEST FOR ORGANIZATION MEMBERSHIP DUES

*(ANR personnel should seek approval before incurring the cost of the membership.)*

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

County: \_\_\_\_\_ Membership will be: Individual Institutional/Group

Organization Name: \_\_\_\_\_

URL: \_\_\_\_\_ Annual Cost: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_ Fund Source Is: Restricted Unrestricted

Type of Organization: *(check all that apply)*

Scholarly society or professional organization

Membership is mandated by \_\_\_\_\_  
*(e.g., job description, licensing agency, or other specific authority)*

Organizations where memberships are required to receive desired periodicals or office supplies and equipment  
*(e.g., membership discount stores, etc.)*

Organizations of institutional service agencies and/or administrative officers  
*(e.g., Western Association of College and University Business Officers)*

Community organizations  
*(e.g., Chambers of Commerce, Rotary Club, etc.)*

Other *(Explain)* \_\_\_\_\_

Brief description of organization's mission: \_\_\_\_\_

Describe how the membership will support the requestor's professional responsibilities and will be programmatically and/or administratively beneficial to the University.

County Director Signature: \_\_\_\_\_ Date \_\_\_\_\_

BOC-K Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_