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Predominantly Undergraduate Institutions (PUI) Membership Application

Organization				
Point of Contact First Name		Last Name		
Title				
Primary Mailing Address				
City/ Province:	State:	Zip:	Country:	
E-mail:		Phone:		
PUI Membership				□ \$ 450.00
Once payment is processed, you will recabout your new PUI membership. Pleaso			_	and instructions
DONATE TO SRAI (SRAI is a non-prof	it tax deductible 501(c)3)			
		TOTAL		
CHECK PAYMENT INFORMATION				
Full payment must accompany your med completed application. Mail your comp			e member organiz	ation name and
SRAI				
<i>New Address</i> 1530 Wilson Boulevard, Suite 650 Arlington, VA 22209				
Membership fees are non-refundable.				

SRAI Code of Ethics and Statement of Expectations for Professional Conduct of Members

By becoming members of SRAI each PUI member agrees to SRAI's Code of Ethics and SRAI's Statement of Expectations for Professional Conduct of Members, which can be found at www.srainternational.org/about/who-we-are.