SOCIETY OF RESEARCH ADMINISTRATORS INTERNATIONAL

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Full Membership Application

Prefix_____**First Name**_____**Last Name**_____

Title_____**Organization** _____

Organization Type:

□ College & University (choose if applicable: □ PUI □ HBCU □ Primarily Hispanic Institution □ Tribal College)

□ Hospitals/Medical Centers □ Research Institute □ Government □ Non-Profit □ Commercial

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New Full Membership □ $235.00*

Full membership includes all the benefits SRAI has to offer. Full membership belongs to the member and is not transferable.

DONATE TO SRAI (SRAI is a non-profit tax deductible 501(c)3) _____

TOTAL_____

PAYMENT INFORMATION

Full payment must accompany your membership application. **Payment MUST include member name and completed application.** For alternative payment options including Credit Card, ACH, or Wire, email membership@srai.org. Mail your completed application with check payment to:

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Membership fees are non-refundable. *Rate includes a one-time $30.00 processing fee.

SRAI Code of Ethics and Statement of Expectations for Professional Conduct of Members
By becoming a member of SRAI you agree to SRAI's Code of Ethics and SRAI's Statement of Expectations for Professional Conduct of Members, which can be found at www.srai.org/about/who-we-are.