



Predominantly Undergraduate Institutional (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 rece PUI membership. Please allow 24 busines		-	g details and instru	ctions about your nev
DONATE TO SRAI (SRAI is a non-profit	tax deductible 501(c)3)			
		TOTAL		
PAYMENT INFORMATION				
Full payment must accompany your mem application. For alternative payment opt completed application with check payme	ions including Credit Card			•
SRAI 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.srai.org/about/who-we-are.