SOCIETY OF RESEARCH ADMINISTRATORS INTERNATIONAL

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Retired 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

Primary Mailing Address _____

City/ Province_____**State**_____**Zip**_____**Country** _____

E-mail _____**Phone**_____

New Retired Membership □ $74.00*

Only current **members** of SRAI may qualify for this member type. Individuals must have been an SRAI member with an Individual or Institutional membership for at least one year and are now retired.

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:

SRAI
1530 Wilson Boulevard Suite 650
Arlington, VA 22209

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.