



SOCIETY OF
RESEARCH
ADMINISTRATORS
INTERNATIONAL

+1 703-741-0140
1530 Wilson Boulevard, Suite 650
Arlington, VA 22209

membership@srainternational.org • www.srainternational.org

www.srainternational.org/privacy

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 **Full 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.

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

TOTAL _____

CHECK PAYMENT INFORMATION

Full payment must accompany your membership application. **Checks MUST include member name and completed application.** Mail your completed application with check to:

SRAI

New Address

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.srainternational.org/about/who-we-are.



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