SOCIETY OF RESEARCH ADMINISTRATORS INTERNATIONAL

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membership@srai.org ▪ www.srai.org ▪www.srai.org/privacy

Student 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 Student Membership □ $74.00*

Student membership is reserved for full-time undergraduate and graduate students only. Proof of full-time student status is required and should be sent to membership@srai.org with application.

Persons pursuing their PhD/Doctorial studies do not qualify for student membership.

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.