



Membership Form

Please print or type all information legibly.

Name _____ Title _____

School _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Are you a member of NSPRA? Yes No

If so, are you a 1st Year Member? Yes No

Have you ever served on an NSPRA committee? Yes No

Please list two additional staff members if joining under institutional membership.

Bill me P.O. # _____ My check is enclosed

Additional Institutional Members:

Name _____ Title _____

Phone _____ E-mail _____ Fax _____

Name _____ Title _____

Phone _____ E-mail _____ Fax _____

Name _____ Title _____

Phone _____ E-mail _____ Fax _____

Please return by October 1, 2008 to be included in OKSPRA's Membership Directory

___ Individual Membership(s) @ \$50 each = _____

___ Institutional Membership (3 people) = \$125

___ Additional Institutional Members @ \$30 each = _____

Please make checks payable to OKSPRA.

Return this application to:
Molly Helm
OKSPRA Secretary-Treasurer
Autry Technology Center
1201 W. Willow
Enid, OK 73703
580.242.2750
fax: 580.233.8262
e-mail: mhelm@autrytech.com