

APPLICATION FOR INDIVIDUAL MEMBERSHIP

CONTACT INFORMATION

Name _____ Are you a US Citizen? Yes No

Job Title _____ Organization _____

Address _____ City _____

State _____ ZIP/Postal Code _____ Country _____

Phone _____ Email _____

CLASSIFICATION *Please select a classification and a membership amount.

SAVE WITH MULTI-YEAR MEMBERSHIP	1-YEAR	3-YEAR	5-YEAR
<input type="checkbox"/> Academia/Faculty	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100	<input type="checkbox"/> \$157
<input type="checkbox"/> Academia/Student	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100	<input type="checkbox"/> \$157
<input type="checkbox"/> Law Enforcement/First Responder	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100	<input type="checkbox"/> \$157
<input type="checkbox"/> Non-US Government (Non-Contractor)/Military	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100	<input type="checkbox"/> \$157
<input type="checkbox"/> US Government (Non-Contractor)/Military	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100	<input type="checkbox"/> \$157
<input type="checkbox"/> Young Professional (35 Years or Younger)	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100	<input type="checkbox"/> \$157
<input type="checkbox"/> Association/Not for Profit	<input type="checkbox"/> \$99	<input type="checkbox"/> \$282	<input type="checkbox"/> \$445
<input type="checkbox"/> Media/Press	<input type="checkbox"/> \$99	<input type="checkbox"/> \$282	<input type="checkbox"/> \$445
<input type="checkbox"/> Non-Governmental Organization (NGO)	<input type="checkbox"/> \$99	<input type="checkbox"/> \$282	<input type="checkbox"/> \$445
<input type="checkbox"/> Non-US Industry (Contractor)	<input type="checkbox"/> \$99	<input type="checkbox"/> \$282	<input type="checkbox"/> \$445
<input type="checkbox"/> US Industry (Contractor)	<input type="checkbox"/> \$99	<input type="checkbox"/> \$282	<input type="checkbox"/> \$445

LIFETIME MEMBERSHIP	AMOUNT
Under 50 Years Old	<input type="checkbox"/> \$950
50 Years or Older	<input type="checkbox"/> \$650

**SAVE 5% WITH A 3-YEAR MEMBERSHIP
10% WITH A 5-YEAR MEMBERSHIP**

**SAVE EVEN MORE WITH
A LIFETIME MEMBERSHIP**

PAYMENT INFORMATION

Check (Please make all payments payable to USGIF in US Funds.) EFT PO # _____

Credit Card

VISA MasterCard AMEX Credit Card # _____ Exp _____

Print Name (as it appears on card) _____

Billing Address (where statement is sent) _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Card Holder's Signature _____ Date _____

The card holder's signature indicates that (1) the issuer of the card identified above is authorized by the cardholder to pay the total due as shown in the CLASSIFICATION, (2) that the card holder promises to pay such amount subject to and in accordance with the agreement governing the use of such card, and (3) the United States Geospatial Intelligence Foundation is authorized to charge the credit card number listed above for the listed amount.

Please email completed form to membership@usgif.org. If necessary, you may fax the form to (703) 793-9069 or mail to the address below.

