



# AIR 2017-2018 MEMBERSHIP PURCHASE/RENEWAL FORM

## Association for Institutional Research

Dept. #177 • P.O. Box 850001 • Orlando, FL 32885-0177

Phone 850-385-4155 • Web site: www.airweb.org • Federal employer ID: 36 6149972

### 2017-2018 Membership Year

July 1, 2017 - June 30, 2018

The AIR membership year runs from July 1 to June 30, and memberships are not prorated. Membership is non-refundable once the order is processed.

	Price	Selection
<b>Professional Membership</b> is the typical AIR membership and includes full rights and benefits for the membership year (July 1 – June 30). It does not meet the prerequisite for registering for the 2018 annual conference. Professional membership is transportable and may also be reassigned if purchased or reimbursed by an employer.	\$140.00	
<b>Graduate Student Membership</b> is for students who are enrolled in graduate degree programs and are not full-time employed. This membership does not include the right to vote or hold office and may not be reassigned. It does not meet the prerequisite for registering for the 2018 annual conference at the discounted graduate student rate.  To better serve graduate student needs, AIR would like to understand more about our graduate student members. Please provide the information below.  Advisor's Name: _____  Advisor's Email: _____  Graduate School (If different from Institution below): _____  Graduate Degree: <input type="checkbox"/> Certificate <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____	\$45.00	

### PERSONAL INFORMATION:

Dr.  Mr.  Mrs.  Ms.  Prof.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  Renewing Member  New Member

Position Title: \_\_\_\_\_ Institution Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  Home  Business  Other

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

### PAYMENT INFORMATION (U.S. Funds):

**Check One:**  Check (U.S. funds, made payable to AIR)  Purchase Order # \_\_\_\_\_  Visa  MasterCard  American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

If paying by credit card or by PO, fax completed form to:  
Fax: 850-385-5180  
If paying by check, make checks payable to AIR and mail to:  
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