

Mailing Address**2017 CUSLI Membership Form****Billing Info**

Name: _____

Firm/Entity: _____

Address: _____

City: _____ State/Prov.: _____

Postal: _____ Country: _____

Phone: _____ Mobile: _____

Email: _____

Type of SupportMembership: Gold (\$500) Silver (\$250)Other Donation: Amt: _____**I'm interested in subcommittees related to:** Annual Conference Student Competition Experts' Meetings Journal Publications Lectures Other: _____Credit Card: Check: Other: MasterCard Visa Discover

Account #: _____

Exp. Date: _____ Security # _____

Signature: _____

Address: _____

City: _____ State/Prov.: _____

Postal: _____ Country: _____

CWRU Fax: (216) 368-1430

Thank you for your generous support.