	Mailing Address	2017 CUSLI Members	nip Form Bill	ing Info
Name:			Credit Card: Check:	Other:
Firm/Entity:				
Address:			MasterCard Visa	Discover
			Account #:	
City:	State/Prov.:		Exp. Date:	Security #
Postal:	Country:		Signature:	
Phone:	Mobile:		Address:	
Email:				
Type of Support				
Membership:	🗌 Gold (\$500) 🔲 Silver	r (\$250)	City:	State/Prov.:
Other Donation	: 🗌 Amt:		Postal:	Country:
I'm interested in subcommittees related to:				CWRU Fax: (216) 368-1430
Annual Conference Student Competition Experts' Meetings			Thank you	for your generous support.