

## **Non-Academic Affiliate Membership Application**

ease Type or Print Clearly)			Date:			
ganization/Company Name:						
iling Address:						
/:	State:	Zip:		Country:		
d Delegate (main contact):						
ne:	E-mail:					
<ul> <li>MEMBERSHIP BENEFITS INCL</li> <li>Access to the Journal</li> <li>Reduced registration</li> <li>Collaboration with lea</li> </ul>	of Contemporar fee for UCOWR'	s annual conferenc	e for all your or	~		
			A11	nual 2-Years	3-Years	
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Phone: 618.536.7571 E-Mail: ucowr@siu.edu http://www.ucowr.org

Carbondale, IL 62901 or FAX membership application with credit card information to UCOWR at 618-453-7475

**Updated 3/22/21**