

Justification for Membership

**Accounts Payable Office
SUNY New Paltz**

REQ# _____

Employee Name _____ **Department** _____

**Membership
Organization** _____

This Membership is directly related to my professional duties and the activities of this agency. The benefit(s) of this membership is to:

- provide access to professional meetings and conferences**
- provide reduce rates for conferences or training sessions**
- provide research services**
- provide subscriptions to professional journals, newsletters and other publications related to agency functions**

other _____

Employee Signature

Date