

Requisition # _____

Name: _____

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 reduced rates for conferences and training sessions

provide research services

provide subscriptions to professional journals, newsletters and other publications related to agency functions

Other reasons explained:

Signature of Employee

Date

Signature of Supervisor

Date