



TTU Membership Request Form

Name of Membership Organization:

Type of Membership:

Institutional - University-wide Impact

Institutional - Departmental Impact

Individual

*Individual is prohibited - See policy for exceptions. If chosen, please explain:

Annual Cost of Membership:

Index # (Dept. Impact/Individual only)

Name of Index

How will this membership benefit the requesting department?

Chair / Director / Principal Investigator

Signature _____ Date _____

Dean / Administrative Officer

Signature _____ Date _____

Provost / Vice President

Signature _____ Date _____

Vice President of Planning and Finance

Signature _____ Date _____