

SAIR Membership Application
October 2011 – October 2012

Name: _____

Position: _____

Institution: _____

Department Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Office Website: _____

Membership Type: Regular Membership (\$25)
Student Membership (\$10)
Emeritus Membership (Free) [More information](#)

Please use or pass on to an interested colleague.

The completed form and check should be mailed to:

Bethany Bodo, SAIR Treasurer
1508 Trillium Lane North
Blacksburg, VA 24060