

SAIR Membership Application*

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 (made payable to SAIR) should be mailed to:

James Hunt, SAIR Treasurer
Florida State University
318 Westcott Bldg, MC: 1359
Tallahassee, FL 32306- 1359

* Please note that SAIR membership is valid for one calendar year from the end of the annual conference.