

Arctic Research Consortium of the United States, Inc.

MEMBERSHIP APPLICATION

Date of Application: _____
Name of Institution: _____
Web Site Address: _____
Chief Executive Officer: _____
Main Telephone: _____ Email: _____

Designated Representatives to sit on ARCUS Council

	Primary Member Representative:	Alternate Representative:
Name:	_____	_____
Department:	_____	_____
Email:	_____	_____
Mailing Address:	_____ _____	_____ _____
City/State/Zip:	_____	_____
Telephone:	_____	_____
Fax:	_____	_____

We are applying for the following status:
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For the following dates: 1 January 20____ through 31 December 20____

<input type="checkbox"/>	Major Institution (Voting)	<input type="checkbox"/>	1 year - \$1,000	<input type="checkbox"/>	3 years - \$2,500
<input type="checkbox"/>	Small Institution (Voting)	<input type="checkbox"/>	1 year - \$ 500	<input type="checkbox"/>	3 years - \$1,200
<input type="checkbox"/>	Associated Institution (Non-Voting)	<input type="checkbox"/>	1 year - \$None	<input type="checkbox"/>	3 years - \$None

Mail this form and documentation for membership with a check payable to ARCUS to:
3535 College Road, Suite 101
Fairbanks, Alaska 99709-3710

For more information: 907-474-1600 or info@arcus.org