**E-mail form to** [**membership@usp.org**](mailto:membership@usp.org)

|  |  |
| --- | --- |
| Name of Member Organization: | |
| **Executive Information** | |
| Name: | |
| Degree(s): | |
| Job Title: | |
| Department: | |
| Preferred Street Address (no Post Office Box please): | |
| Suite/Room Number: | |
| City: | State/Province: |
| Zip/Postal Code: | Country: |
| E-mail Address: | |
| Telephone: | |
| Fax: | |
| **Voting Delegate Information** | |
| Name: | |
| Degree(s): | |
| Job Title: | |
| Department: | |
| Preferred Street Address (no Post Office Box please): | |
| Suite/Room Number: | |
| City: | State/Province: |
| Zip/Postal Code: | Country: |
| E-mail Address: | |
| Telephone: | |
| Fax: | |

**THANK YOU**