**E-mail form to** **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**