

# PUBLIC AGENCY MEMBERSHIP APPLICATION

**Who is Eligible?** Government agencies, accredited universities, and nonprofit organizations

**What is Included?** Three memberships at a discounted rate:

**TWO** Associate Memberships

**ONE** Full Membership (aimed at executive employees)

*Memberships may be transferred at any time*

**Annual Membership Fee:** C\$320

**Additional Memberships:** Associate Membership can be added for C\$110 per year; Full Membership can be added for C\$135 per year

**JOIN BY PURCHASE ORDER:** Attach purchase order on official letterhead

**JOIN BY PHONE:** 1-800-321-5011 Monday–Friday, 8:00 a.m.–8:00 p.m. ET

**JOIN BY CHECK:** Mail this application with your check made payable to the Urban Land Institute, PO Box 41868, Boston, MA 02241-8168

**PLEASE CHARGE MY:**

VISA      MASTERCARD      AMERICAN EXPRESS

NAME ON CARD

CARD NUMBER

EXPIRATION DATE

TOTAL AMOUNT TO CHARGE CREDIT CARD: **C\$**

**ORGANIZATION**

**PRIMARY CONTACT** (for billing purposes)

Full Name      Title

Billing Address

City / State      Zip

Email      Phone

**ASSOCIATE MEMBER**

Full Name      Title

Billing Address

City / State      Zip

Email      Phone

**FULL MEMBER**

Full Name      Title

Billing Address

City / State      Zip

Email      Phone

**ASSOCIATE MEMBER**

Full Name      Title

Billing Address

City / State      Zip

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For a complete list of member benefits, visit [uli.org/join](http://uli.org/join).

The above membership rates are valid for all payments received by 2021-6-30



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**TWO** Associate Memberships

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**Annual Membership Fee:** \$600

**Additional Memberships:** Associate Membership can be added for \$120 per year; Full Membership can be added for \$275 per year

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NAME ON CARD

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EXPIRATION DATE

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TOTAL AMOUNT TO CHARGE CREDIT CARD: \$

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## ORGANIZATION

**PRIMARY CONTACT** (for billing purposes)

**FULL MEMBER**

Full Name                              Title

Full Name                              Title

Billing Address

Billing Address

City / State                              Zip

City / State                              Zip

Email                                      Phone

Email                                      Phone

**ASSOCIATE MEMBER**

**ASSOCIATE MEMBER**

Full Name                              Title

Full Name                              Title

Billing Address

Billing Address

City / State                              Zip

City / State                              Zip

Email                                      Phone

Email                                      Phone

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