

Society for Benefit-Cost Analysis

Individual Membership Form

Annual membership in the Society runs on a 12-month basis starting with the date you join the Society. You may register as a new member or renew your membership online: <http://benefitcostanalysis.org/membership>.

Membership Level:

- \$200 Premium Member \$50 International Member (from non-OECD countries)
 \$120 Basic Member \$25 Student Member (full-time enrollment)
- \$_____ Optional contribution in addition to membership

Total Enclosed: \$ _____

Contact Information:

Name _____ Preferred First Name (if applicable) _____

Title _____ Affiliation/Employer _____

Street Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Phone _____ Email _____

Check if you do NOT wish to be included in the membership directory, available via email request to members only.

Payment Information:

Method of Payment:

- CREDIT CARD (please check one) CHECKS made payable to:
 Visa MasterCard Discover Society for Benefit-Cost Analysis

Card number _____

Expiration date _____ Security Code: _____

If paying by credit card, billing information must match credit card billing information.

Check if billing information is same as contact information.

Name _____ Preferred First Name (if applicable) _____

Title _____ Affiliation/Employer _____

Street Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Phone _____ Email _____

Please enclose check (if applicable) and send this form to:

Society for Benefit-Cost Analysis
11130 Sunrise Valley Drive – Suite 350
Reston, VA 20191 USA

For Office Use Only

Total \$ Recv'd Cash	Total \$ Recv'd Check	Deposited By and Date	Database Updated By and Date