

# Society for Benefit-Cost Analysis

## Society for Benefit-Cost Analysis Organizational Affiliate Form

Annual affiliation with the Society runs from January 1 through December 31

### Organizational Affiliate Level:

- \$10,000 Benefactor
- \$5,000 Sustainer
- \$2,500 Patron
- \$1,000 Supporter
- \$\_\_\_\_\_ Optional contribution in addition to affiliation

### Organization Name (exactly as you'd like it to appear in SBCA materials):

\_\_\_\_\_

### Organization Website:

\_\_\_\_\_

### Organization Primary Contact Information:

Name \_\_\_\_\_ Preferred First Name (if applicable) \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

### Billing Information:

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

- Check if billing information is same as contact information.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Method of Payment:

- CREDIT CARD (please check one):  
 Visa     MasterCard
- CHECK made payable to:  
Society of Benefit-Cost Analysis

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

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

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

# Society for Benefit-Cost Analysis

## Membership Information

Please provide contact information for the individual(s) using the basic membership(s) included with your affiliation selection (if applicable).

### First Individual Member (Patron, Sustainer & Benefactor Levels)

Name \_\_\_\_\_ Preferred First Name (if applicable) \_\_\_\_\_  
Title \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Check if you do NOT wish to be included in the membership directory

### Second Individual Member (Sustainer & Benefactor Levels only)

Name \_\_\_\_\_ Preferred First Name (if applicable) \_\_\_\_\_  
Title \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Check if you do NOT wish to be included in the membership directory

### Third Individual Member (Benefactor Level only)

Name \_\_\_\_\_ Preferred First Name (if applicable) \_\_\_\_\_  
Title \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Check if you do NOT wish to be included in the membership directory

### Fourth Individual Member (Benefactor Level only)

Name \_\_\_\_\_ Preferred First Name (if applicable) \_\_\_\_\_  
Title \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Check if you do NOT wish to be included in the membership directory