

Membership Application 2021

This form may also be used for renewal of existing membership.

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|---|
| Your Name: |
| Affiliation (institute, university, company): |
| Street Address: |
| City, State/Country, Zip/Postal Code: |
| Email: |
| Phone: |

REGULAR MEMBERSHIP

- 1-year, \$150 (exp 12/31/2021) 2-year, \$225 (exp 12/31/2022) 3-year, \$300 (exp 12/31/2023)

STUDENT / POST-DOC MEMBERSHIP

- \$40 1-year (exp 12/31/2021)

PAYMENT METHOD

Check payment. Payable to *US HUPO*. Check must be in USD issued by a US bank.

Credit Card. Charge the total amount to Visa, MasterCard, or American Express listed below.

Card number:

Expiration Date:

Security Code (CVV):

Cardholder Name:

Authorized Signature:

Submit this completed form to office@ushupo.org or fax to +1.503.244.2401. Thank you.