

Membership Request Form

Dean/Director Signature

Please attach an invoice or physical completed application that shows amount due. ODU cannot pay for CEU's, physical journals, certifications or licensures. The university will allow 90 days in advance of the expiration date to process a payment. All memberships require Academic Affairs pre-approval and cannot be reimbursed. Memberships to the same organization can only be purchased once per fiscal year (July 1 - June 30). Route this form to aasubmit@odu.edu following all other signatures.

Requester Name	<u>Departr</u>	ment	
Organization Name	<u>Organiz</u>	Organization Membership Scope	
Please justify the membership with membership is important to your cu	regards to how it benefits th rrent research, teaching and	he program, the department and university and why the d how it meets the requirement of service.	
Cost of Membership	Expiration Date	New Membership?	
Budget Code	<u>Duration of Membership (</u>	[From/To]	
If there are any sub-divisions or add	itional costs, please detail th	hose below.	
Approvals			
Member Signature			
Budget Approver Signature			