

## POD Network Membership Form

Mail this form with your check, credit card information, or purchase order (U.S. funds only), payable to:

The POD Network  
P. O. Box 3318  
Nederland, Colorado 80466 U.S.A

This form may also be faxed to: 303. 258. 7377

Federal ID#: 52-1139670

Name and mailing information:

Name \_\_\_\_\_

Title \_\_\_\_\_

Department/Unit \_\_\_\_\_

Institution/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_ FAX \_\_\_\_\_

Electronic mailing address: \_\_\_\_\_

**POD Annual Membership Dues: (All fees are in U.S. dollars.)**

		<b>Amount Enclosed</b>
<b>Regular</b>	\$95	\$ _____
<b>Institutional*</b>	\$225	\$ _____
<b>International</b>	\$110	\$ _____
<b>International/Institutional</b>	\$255	\$ _____

**Retired/Student** \$45 \$ \_\_\_\_\_

**International  
Retired/Student** \$50 \$ \_\_\_\_\_

\*Institutional membership covers up to 3 individuals from the same institution. If this is an institutional membership please provide additional member information for at least two persons in the space provided at the end of this form. Additional persons can be added to the institutional membership for \$75 per person. If you are enrolling more than 3 persons for the institutional membership, please send the additional member information as indicated in the Institutional Membership Information section of this form.

### Using a Credit Card

If you would like for us to process your membership using your credit card, please provide the following information. We will send you a receipt.

Visa \_\_\_\_\_

Master Card \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Card Number \_\_\_\_\_

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

Signature \_\_\_\_\_

### Institutional Membership Information

Please add the names of at least two additional members to complete your POD institutional membership. Additional persons to be covered by the institutional membership may be provided by additional paper or by e-mail to [podnetwork@podweb.org](mailto:podnetwork@podweb.org).

**1. Name** \_\_\_\_\_

Title \_\_\_\_\_

Dept./Program \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**2. Name** \_\_\_\_\_

Title \_\_\_\_\_

Dept./Program \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_