

Membership & Renewal Form



UNIVERSITY SURPLUS PROPERTY ASSOCIATION

Membership Dues Application/Renewal

Dues are for July 1, 2017 to June 30, 2018. Paid Members receive a discount to the yearly USPA conference. The next conference will be hosted by **Purdue University**, Apr. 8, 2018 - Apr. 11, 2018.

Please check membership type –

- \$50 Individual Membership**
- \$75 Institutional Membership** (Two to four individuals from the same college or university)
- \$100 Benefactor Membership** (Five or more individuals from the same college or university)
- \$300 Supporting Vendor** (\$200.00 for vendors renewing support from previous year)

Membership for:

School/Company:

If paying by **CHECK**, please make check payable to USPA and mail this form and check to:

University Surplus Property Association (USPA)
ATTN: Clifton Grindstaff
University of Utah
University Surplus and Salvage
210 Connor Street
Salt Lake City, Utah 84113
Telephone: (801) 581-7917 Fax: (801) 585-3051
c.grindstaff@utah.edu

If paying by **CREDIT CARD**, please use the online payment link under the membership tab at universitiesurplus.org. Please mail or fax this form to the above address. Skip the credit card section if paying online.

Credit Card Information and Credit Card Billing Address:

Method of Payment:

Check (Check No: _____) Visa MasterCard Discover

The below listed cardholder authorizes payment and acknowledges this with their signature.

Name of Cardholder:

Signature of Cardholder:

School/Company:

Street/Mailing Address:

City/State/Zip:

Telephone:

Email:

Credit Card Number:

Expiration Date:

Code:

Please list names of individuals covered under an Individual Membership, Institutional Membership, Benefactor Membership or a Supporting Vendor category: If the information is the same as last year just write in the names.

Name:
Title:
Department Name:
Street/Mailing Address:
City/State/Zip:
Telephone:
Email:

Name:
Title:
Department Name:
Street/Mailing Address:
City/State/Zip:
Telephone:
Email:
Title:

Name:
Title:
Department Name:
Street/Mailing Address:
City/State/Zip:
Telephone:
Email:

Name:
Title:
Department Name:
Street/Mailing Address:
City/State/Zip:
Telephone:
Email:

Name:
Title:
Department Name:
Street/Mailing Address:
City/State/Zip:
Telephone:
Email: