

MEMBERSHIP FORM

Please provide information for two Institution/Company Representatives to CNI Task Force

select one

Dr., Mr., Ms.

Last/First/Middle Name

Title

Institution/Company as it will appear on membership list

Street or Campus Address

City

Street/Province

Zip/Postal Code/County

Telephone

Fax

Email

Check if applicable Please direct CNI Invoice to my attention (only 1 representative may check box per institution/company)

select one

Dr., Mr., Ms.

Last/First/Middle Name

Title

Institution/Company as it will appear on membership list

Street or Campus Address

City

Street/Province

Zip/Postal Code/County

Telephone

Fax

Email

Check if applicable Please direct CNI Invoice to my attention (only 1 representative may check box per institution/company)

MEMBERSHIP FORM (Cont'd)

INDIVIDUAL RESPONSIBLE FOR INVOICES

Please fill out this form ONLY if individual responsible for invoices is someone other than Task Force Members on reverse side of this form.

select one

Dr., Mr., Ms.

Last/First/Middle Name

Title

Institution/Company as it will appear on membership list

Street or Campus Address

City

Street/Province

Zip/Postal Code/County

Telephone

Fax

Email

Please return this completed form to:

CNI
Attn. Jackie Eudell
21 Dupont Circle, Suite 800
Washington, D. C. 20036

Or by email to
jackie@cni.org

Thank you for supporting CNI!