

# West Texas A&M University

## University Membership Dues/Fees Justification

Department \_\_\_\_\_

Employee Name \_\_\_\_\_

State/Province \_\_\_\_\_

Organization/Company \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

(This is the name of the organization you would like to join)

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

City \_\_\_\_\_

Email \_\_\_\_\_

Indicate the general nature of the Membership.

- Required by accreditation agency
- Legal requirement established by external agency
- Necessary in order to receive publication
- Necessary for participation in competition
- Other(explain)

Is this Membership in keeping with the stated mission of the university? Explain.

\_\_\_\_\_

Is this membership of significant and demonstrable benefit to the institution and ultimately to the state of Texas? Explain fully.

\_\_\_\_\_

Is the primary beneficiary the institution rather than the individual? Explain.

\_\_\_\_\_

Requested by

Date

Supervisor

Date