2008-2009 Membership Application/Renewal
and
Conference Registration Form

Please provide your current address information:

Name: _____
　　　　 (First Name)　　　 (Middle)　　　 (Last Name)

Affiliation: _____

Mailing Address: _____
_____
_____

Phone: Office _____　　　Home _____

　　　　　　 Fax: _____　　　E-Mail _____

__ New Application   __ Renewal

SRIF 2008-09 Membership Dues and Conference Fees					
Member	**Student (Early)**	**Student (Late) (After Dec.1)**		**Regular (Early)**	**Regular (Late) (After Dec.1)**
SRIF Membership Only	$40	$45 (Late)		$75 $140 **(**2-year membership)	$100 (Late)
SRIF Conference Only	$100	$125		$170	$195
SRIF Conference & Membership	$140	$165		$245 (Individual) $215 (Shared**)	$270 (Individual) $240 (Shared)
Non-Member*					
SRIF Conf Only	$150	$175		$255	$275

*Non-members who sign up for SRIF membership form with their conference registration will receive SRIF Members' rates (in addition to a Conference Registration discount and a subscription to the Society's Journal)

**Shared membership includes two voting privileges, one Journal subscription.
Enter Spouse/Partner Name _____

Please mail the completed form along with your check to:

SRIF

c/o William Kurtines, Ph.D.
Department of Psychology
Florida International University
University Park
Miami, FL 33199

The preferred method of payment is online. You may pay by credit card online on the membership page on the SRIF website (http://w3.fiu.edu/srif). Membership dues and conference fees may be tax-deductible (U.S. citizens); consult your tax professional. International members should send their dues in U.S. funds. If you have questions, you may call 305-348-3941.

SRIF MEMBERSHIP RECOMMENDATIONS
(Please print or type)

MEMBERSHIP RECOMMENDATION

Recommended By _____

Colleague or Student Recommended: _____

Address: _____

City/State/Zip: _____

Email (**MOST IMPORTANT!**): _____

MEMBERSHIP RECOMMENDATION

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Colleague or Student Recommended: _____

Address: _____

City/State/Zip: _____

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MEMBERSHIP RECOMMENDATION

Recommended By _____

Colleague or Student Recommended: _____

Address: _____

City/State/Zip: _____

Email (**MOST IMPORTANT!**): _____

(If additional space is required, please use reverse side)