

Step 1 Choose Your Membership Level

Level/Type	Number of Members Included in Membership	Price	Your Price	Subtotal
Student (Must be enrolled in a University as a full time student. Provide a copy of your student ID or a copy of your transcript reflecting your full time credits)	1	\$55.00		
Educator (Must be a current professor at a University level)	1	\$95.00		
Government (Must currently work for a Government agency)	1	\$200.00		
Level A	1	\$330.00	\$264.00	
Level B	2	\$850.00	\$680.00	
Level C	3	\$1,275.00	\$1,020	
Level D	5	\$2,100.00	\$1,680	
Level E	7	\$2,975.00	\$2,380	
Level F	9	\$3,650.00	\$2,920	
Level G	12	\$4,800.00	\$3,840	
Level H	36	\$14,125.00	\$11,300	
Additional Chapter Memberships	N/A	\$40.00		
Additional Members <i>(Available at Levels G and H only)</i>	N/A	\$280.00		
Additional IMRO Online Division Memberships	N/A	\$40.00		
TOTAL AMOUNT DUE				

Prices valid through October 31, 2009

Step 2 Applicant Information

Complete all information.

COMPANY INFORMATION

Full Company Name _____
Address _____
City _____ State/Province _____ Zip _____
Country _____
Telephone _____ Fax _____
Email _____
Web Site _____
Business Category Code (see descriptions on final page) _____

PRIMARY MEMBER (The primary member receives renewal invoices and calls)

First _____ Middle _____ Last _____
Title _____
Address (if different from Company Address) _____
City _____ State/Province _____ Zip _____
Country _____
Telephone _____ Ext. _____ Fax _____
Email _____

Signed MRA Code of MR Standards - by checking this box, you agree that you have read and agree to MRA's Code of MR Standards. All MRA Members are required to sign this code. If you do not check the box above, you will not receive any MRA Member Benefits until you have endorsed the code. The complete code can be found at www.mra-net.org/pdf/expanded_code.pdf.

ADDITIONAL MEMBER (only applicable for Levels B-H)

First _____ Middle _____ Last _____
Title _____
Address (if different from Company Address) _____
City _____ State/Province _____ Zip _____
Country _____
Telephone _____ Ext. _____ Fax _____
Email _____

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Step 3 Chapter Information

Please select a primary chapter for each member using “P”. If your membership level includes more chapters than members (Levels D-H only), select additional chapters using “A”.

Member Name	ATL	CHI	FLA	GLK	GNY	MDA	MIN	NWE	NWT	PHL	SCA	SWT

Chapter Code Key	
ATL	Atlanta/Southeast (AL, AR, GA, LA, MS, NC, SC, TN)
CHI	Chicago (IL, KS, MO, NEW, So. WI)
FLA	Florida (FL, PR)
GLK	Great Lakes (IN, MI, KY, OH, PA, WV, MB, ON)
GNY	Greater New York (CT, No. NJ, NY)
MDA	Mid-Atlantic (DC, MD, VA)
MIN	Minn./Upper Midwest (MN, No. WI, IA, ND, SD)
NWE	New England (ME, MA, NH, RI, VT, PQ, LB, NS, PE, NF)
NWT	NorthWest (AK, ID, MT, No. CA, OP, WA, WY, No. NV, AB, BC, SK, NT)
PHL	Philadelphia (DE, E. PA, So. NJ)
SCA	So. California (HI, So. CA)
SWT	Southwest (AZ, CO, So. NV, NM, OK, TX, UT)

Step 4 Additional Benefits

Please select your additional benefits. To see which benefits and the number of choices are applicable to your membership level, please refer to the chart on page 1.

Additional Benefits	Quantity
Additional Chapter Memberships Member Name _____ Chapter Name _____	
Blue Book Print Copy	
Email Link on www.bluebook.org	
Web Link on www.bluebook.org	
Webinar	
Education-on-Demand	
IMRO Membership(s) Member Name _____	
Publication <input type="checkbox"/> Recruiting and Facility Management Qualitative Handbook <input type="checkbox"/> Communication Responsibilities During the Data Collection Process <input type="checkbox"/> Field Auditor Recommended Practices <input type="checkbox"/> Incidence Guidelines	
1 Year <i>Alert!</i> Ad Discount	
Total Additional Benefits Selected (Amount must match amount of Additional Benefits allowed for your membership level)	

METHOD OF PAYMENT

Please mail or fax entire form with payment by October 31, 2009

TOTAL: _____

Check # _____ (make checks payable in U.S. dollars to MRA)

Credit Card # _____ Exp. Date _____

MasterCard VISA American Express

Signature _____

Mail To:
MRA
110 National Drive
2nd Floor
Glastonbury, CT 06033

or Fax:
(860) 682-1010