PUBLIC AGENCY MEMBERSHIP APPLICATION

Who’s Eligible? Government agencies, accredited universities, and nonprofit organizations

What’s Included? Three memberships at a discounted rate
- Two Associate Memberships
- One Full Membership (aimed at executive employees)
- Memberships may be transferred at any time

Annual Membership Fee: $600

Additional Memberships: Associate Membership can be added for $120 per year
Full Membership can be added for $275 per year

JOIN BY PURCHASE ORDER: Attach purchase order on official letterhead
JOIN BY PHONE: 1-800-321-5011 Monday–Friday, 8:00 a.m.–8:00 p.m. ET
JOIN BY CHECK: Mail this application with your check made payable in U.S. dollars to the Urban Land Institute, PO Box 41868, Boston, MA 02241-8168

PLEASE CHARGE MY:
□ VISA  □ MASTERCARD  □ AMERICAN EXPRESS

Total amount to charge credit card: ________________

NAME ON CARD __________________________  CARD NUMBER ___________  EXPIRATION DATE ___________

ORGANIZATION

PRIMARY CONTACT (for billing purposes)

Full Name ____________________________________________________________________________ Title __________
Billing Address ________________________________________________________________________
City/State/Zip Code ____________________________________________________________________
Phone _______  Email ____________________________

FULL MEMBER

Full Name ____________________________________________________________________________ Title __________
Address ______________________________________________________________________________
City/State/Zip Code ____________________________________________________________________
Phone _______  Email ____________________________

ASSOCIATE MEMBER

Full Name ____________________________________________________________________________ Title __________
Address ______________________________________________________________________________
City/State/Zip Code ____________________________________________________________________
Phone _______  Email ____________________________

ASSOCIATE MEMBER

Full Name ____________________________________________________________________________ Title __________
Address ______________________________________________________________________________
City/State/Zip Code ____________________________________________________________________
Phone _______  Email ____________________________

For a complete list of member benefits, visit uli.org/join.
The above membership rates are valid for all payments received by 6/30/2020.