

## Membership Application 2024

This form may also be used for renewal of existing membership.

Your Name:
Affiliation (institute, university, company):
Street Address:
City, State/Country, Zip/Postal Code:
Email:
Phone:

### REGULAR MEMBERSHIP

- 1-year, \$150 (exp 12/31/2024)       2-year, \$225 (exp 12/31/2025)       3-year, \$300 (exp 12/31/2026)

### STUDENT / POST-DOC MEMBERSHIP

- \$40 1-year (exp 12/31/2024)

### PAYMENT METHOD

- Check payment. Payable to *US HUPO*. Check must be in USD issued by a US bank.
- Credit Card. Charge the total amount to Visa, MasterCard, or American Express listed below.

Card number:

Expiration Date:

Security Code (CVV):

Cardholder Name:

Authorized Signature:

**Submit this completed form to [office@ushupo.org](mailto:office@ushupo.org) or fax to +1.503.244.2401. Thank you.**