Please fill out the following form and send back to CUR@CUR.org.

Institution: ____________________________
Address: ____________________________
City: __________ State: __________ Zip: __________

Membership Benefits Contact:
This contact is the person who will be able to update the full institutional contact listing and manage institutional data, register groups for CUR events, and receive renewal notices and other information to make the most out of your CUR membership.
Office: ____________________________ Phone: ____________________________ Email: ____________________________

Membership Invoice Contact:
If you would like the institutional membership invoice to be sent to an individual other than the membership benefits contact, please complete this section.
Office: ____________________________ Phone: ____________________________ Email: ____________________________

Billing Address*: ____________________________
*If different from institution address.

Please select one of the following that represents your institution:

- Minority Serving Institution
- Women Serving Institution
- Hispanic Serving Institution
- Historically Black College or University
- Predominantly Black Institution
- Native American Serving Non-Tribal Institution
- Tribal College or University
- Asian American + Native American Pacific Islander Serving Institution
- Native Hawaiian-Serving Institution
- Not Applicable

Please continue on to page two.
Please list the additional points of contact for your membership:

- Provost/VPAA: ___________________________ Email: ___________________________
- Government Relations/Policy: ___________________________ Email: ___________________________
- Grants/Sponsored Programs: ___________________________ Email: ___________________________
- PR/Communications: ___________________________ Email: ___________________________
- Undergraduate Research Director: ___________________________ Email: ___________________________
- Library Director: ___________________________ Email: ___________________________
- Library Address**: ___________________________

City: ___________________________ State: ___________________________ Zip: ___________________________

**A free subscription to our scholarly journal, SPUR, will be sent to this address.

With your membership, three contacts will gain access to our electronic quarterly scholarly journal, SPUR. Please list these contacts below. Your campus membership benefits contact can update these at any time.

Contact 1:
- Address of Office: ___________________________
- CUR Division*: ___________________________ Phone: ___________________________ Email: ___________________________

Contact 2:
- Address of Office: ___________________________
- CUR Division*: ___________________________ Phone: ___________________________ Email: ___________________________

Contact 3:
- Address of Office: ___________________________
- CUR Division*: ___________________________ Phone: ___________________________ Email: ___________________________

*CUR is represented in 13 divisions. Our divisions include Arts/Humanities, At-Large, Biology, Chemistry, Education, Engineering, Geosciences, Health Sciences, Math/Computer Sciences, Physics/Astronomy, Social Science, and Undergraduate Research Programs.