

STAND Membership Application

Agency or Compa	ny	
Street Address:		
City:	State:	Zip Code:
Phone:	Email Address:	
State Location Cod	e (applicable for state employ	yees):
Email Address for In	ivoice:	Date:
(\$30 membership d	ues are valid from September	1 to the following August 31)
General Meetings as	re held on the second Friday	of every other month.
Please check one:	I am joining S.T.A.N.D. for I am renewing my member	
	STAND by:	

Do you agree to allow your membership information to be included in the STAND Membership Directory?

Yes

No

Upon approval, members will receive an email instructing them on how to submit payment of the annual dues.

Forms of payment accepted: State Purchasing Card or credit card