



NAME

TITLE

INSTITUTION

PHONE

EMAIL

Institutional Membership

TRIO Projects Membership Fee

- 0 to 1 \$3,250
- 2 \$3,650
- 3 \$4,050
- 4 \$4,450
- 5 \$4,850
- 6 \$5,250
- (each add'l) \$+400

Subscription Package

- One year - \$500 for Non-member
(Note: If you are a member, all your TRIO programs will receive a subscription package)

Unable to Renew/Join:

_____ is
unable to renew or join this year for
budgetary reasons. We understand that
COE services may not be provided this
year.

Payment Options:

Check

- Enclosed, please find a check for
\$_____.

Purchase Order

- Enclosed, please find a purchase order for
\$_____.

Credit Card Authorization

Please charge \$_____ to:

___AMEX ___MC ___Visa ___Discover

NAME AS IT APPEARS ON CARD

CARD #

*EXP. DATE

*SEC. CODE

SIGNATURE

Intent to Renew/Join

Please invoice my organization for
\$_____. Send the invoice to:

