

# *The Clute Institute For Academic Research*

## *12-Month Membership Form*

P. O. Box 620760, Littleton, Colorado 80162 USA  
E-mail: staff@cluteinstitute.com ~ Website: www.cluteinstitute.com ~ Telephone: 303-904-4750 ~ Fax: 303-978-0413  
Tax ID 84-1423049

**(Please complete & fax or mail to us)**

First Name (Given): \_\_\_\_\_ Last Name (Surname): \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_ E-mail: \_\_\_\_\_

Institution address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Annual Membership Fees (Membership valid for one year from date of payment):**

\$100 for individual members \$ \_\_\_\_\_

\$500 for institutional members (includes listing in our 4 annual conference programs & 8 academic journals) \$ \_\_\_\_\_

An additional amount to sponsor faculty from less developed countries to attend a Clute Institute conference\* \$ \_\_\_\_\_

**Total (payable to "Clute Institute" in U.S. Dollars)** \$ \_\_\_\_\_

**Payment made by:** (please circle)      Personal check      Institutional check      Visa      MasterCard

Credit Card information:\*\*

Name on Card

Credit Card Number

Expiration Date

\* Upon request, we will send to you a receipt and statement of guarantee that your contribution was applied toward sponsoring a faculty from a less developed country.

\*\* We accept Visa and MasterCard. Your credit card statement will show a charge to "The Clute Institute".

January 31, 2007