

NaBITA Membership Renewal Registration Form

Primary Contact Name: _____

Title: _____

Institution/Organization/Corporation/School Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Email Address: _____

Phone: _____

Fax: _____

Names and Email Addresses for any additional representatives who want invitations to join the NaBITA listserv and NaBITA Newsletter emailing list (for campus Standard, Enhanced and Charter memberships only):

Membership Level: (please check one)

- Individual -- \$169 per person
- Standard -- \$639
- Enhanced -- \$1,199
- Charter -- \$2,200

Amount: \$ _____

Paying by Credit Card Information – please check card type: VISA MC AMEX

Name on Card: _____

Billing Address: _____

Card Number: _____

Expiration: _____ Security Code: _____

Email address for receipt: _____

Sending a cheque -- please make cheques payable to NABITA (EIN# 45-2177820)

COMPLETE THIS FORM AND FAX OR MAIL TO:

NABITA • 116 E. King Street • Malvern PA 19355-2969

Phone (484) 321-3651 • Fax (610) 993-0228 Email samantha@nabita.org • Website www.nabita.org