

# Request for Approval and Payment of Membership and Dues



**TEXAS WOMAN'S**  
UNIVERSITY™

## MEMBERSHIP INFORMATION

Date: \_\_\_\_\_ Membership Renewal Period: 1 yr  from \_\_\_\_\_ to \_\_\_\_\_  
2 yr  from \_\_\_\_\_ to \_\_\_\_\_  
3 yr  from \_\_\_\_\_ to \_\_\_\_\_

Vendor Name \_\_\_\_\_ Vendor FID# \_\_\_\_\_

Vendor Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose and benefit to TWU:

Type of Membership:  Institutional  Individual

**NOTE:** For individual memberships, the department is responsible for transferring the membership to TWU in the event the employee leaves.

Amount to be Paid: \$ \_\_\_\_\_ To be paid by: Check  or PCard/Travel Card

## DEPARTMENT INFORMATION

Department or Individual Requesting Membership

\_\_\_\_\_ 61205 \_\_\_\_\_  
Account to be Charged Amount

\_\_\_\_\_ 61205 \_\_\_\_\_  
Account to be Charged Amount

Note: Attach all supporting documentation relevant to this membership.

## APPROVALS

\_\_\_\_\_  
Printed Name of Account Manager Signature of Account Manager Date

\_\_\_\_\_  
Printed Name of Vice President or Provost Signature of Vice President or Provost Date

Jason Tomlinson  
Printed Name of V.P. of Finance & Administration Signature of V.P. of Finance & Administration Date

\_\_\_\_\_  
Printed Name of Other approvals as required Signature of Other approvals as required Date