



NCSL International

5766 Central Avenue, Suite 150, Boulder, Colorado 80301
Phone: 303-440-3339 Fax: 303-440-3384 Email: info@ncsli.org

Date: _____

NCSLI Student Membership Application 2019

Student Membership \$95

Student Name _____ Title/Department _____ School _____

Billing Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Phone Number _____ Fax number _____ Website/URL _____

Mailing Address (if different from above) _____

City _____ State/Province _____ Postal Code _____ Country _____

Email address _____

How did you hear about NCSL International?

NCSLI Event (which?) _____

Referral (who?) _____

Social Media (which platform?) _____

Other (please specify) _____

Student Membership New \$95

Please remit payment with application (in US Dollars).

Method of Payment:

By Wire Transfer: Please notify the NCSLI business office of transfer at info@ncsli.org.

By Purchase order: # _____

By Check: Please attach and make payable to NCSL International

By Credit Card: Authorized amount \$ _____

Visa _____ MC _____ AMEX _____ Discover _____

Number _____

Expiration Date _____ V-code _____

Please print full name of card holder as it appears on card.

Signature: _____ Date: _____