

# Society for Benefit-Cost Analysis

## Individual Membership Form

Annual membership in the Society runs from January 1 through December 31  
You can register as a new member or renew your membership online: <http://benefitcostanalysis.org/membership>

### Membership Level:

- \$200 Premium Member       \$50 International Member (from non-OECD countries)  
 \$120 Basic Member       \$25 Student Member (full-time enrollment)
- \$\_\_\_\_\_ Optional contribution in addition to membership

Total Enclosed: \$ \_\_\_\_\_

### Contact Information:

Name \_\_\_\_\_ Preferred First Name (if applicable) \_\_\_\_\_

Title \_\_\_\_\_ Affiliation/Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Check if you do NOT wish to be included in the membership directory, available via email request to members only.

### Payment Information:

Method of Payment:

- CREDIT CARD (please check one)       CHECK made payable to:  
 Visa       MasterCard      Society for Benefit-Cost Analysis

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

If paying by credit card, billing information must match credit card billing information.

Check if billing information is same as contact information.

Name \_\_\_\_\_ Preferred First Name (if applicable) \_\_\_\_\_

Title \_\_\_\_\_ Affiliation/Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please enclose check (if applicable) and send this form to:**

Society for Benefit-Cost Analysis  
11130 Sunrise Valley Drive – Suite 350  
Reston, VA 20191 USA

For Office Use Only

Total \$ Recv'd Cash	Total \$ Recv'd Check	Deposited By and Date	Database Updated By and Date