



NORTHERN CALIFORNIA CHAPTER
 URBAN and REGIONAL INFORMATION SYSTEMS ASSOCIATION

ALPINE • AMADOR • BUTTE • CALAVERAS • COLUSA • DEL NORTE • EL DORADO • GLENN
 HUMBOLDT • LASSEN • MODOC • NEVADA • PLACER • PLUMAS • SACRAMENTO • SHASTA
 SIERRA • SISKIYOU • SUTTER • TEHAMA • TRINITY • TUOLUMNE • YOLO • YUBA

Membership/Sponsorship Form (new, renewing, or sponsoring)

*Required fields for membership and sponsorships – please use one form per membership/sponsorship element.

*Title: ___ Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr.		*Date:	
*First Name:	M.I.:	*Last Name:	Suffix:
Job Title:			
Organization:			
*Address 1:			
Address 2:			
*City:	*County:	*State:	*Zip Code:
*Phone:	Ext.:	Fax:	
URISA National Member: ___ Yes ___ No	Web Site:		
*E-Mail Address:			
*Membership Type: ___ Individual - \$40 ___ Student - \$20 ___ Corporate - \$150 (5 members – fill out ** below)			
*Sponsorships – annual sponsorship does not include memberships, please use above choices for memberships: Annual: ___ Silver - \$250 ___ Gold - \$500 ___ Platinum - \$1000			
Other: ___ Workshop \$ _____ ___ Event (Meeting, GIS Day, etc.) \$ _____ ___ Other \$ _____			
Name on Certificate:		Describe:	

Required for Corporate Membership	**First Name:	M.I.:	*Last Name:	Suffix:
	Job Title:			
	*E-Mail Address:		URISA National Member: ___ Yes ___ No	
	**First Name:	M.I.:	*Last Name:	Suffix:
	Job Title:			
	*E-Mail Address:		URISA National Member: ___ Yes ___ No	
	**First Name:	M.I.:	*Last Name:	Suffix:
	Job Title:			
	*E-Mail Address:		URISA National Member: ___ Yes ___ No	
	**First Name:	M.I.:	*Last Name:	Suffix:
Job Title:				
*E-Mail Address:		URISA National Member: ___ Yes ___ No		

Checks payable to either: **The Northern California Chapter of URISA** or **NorCal URISA**
 Mail to: NorCAL URISA, P.O. Box 660602, Sacramento, CA 95866-0602