

**2022 IESBGA Membership Renewal Application  
January 1, 2022 - December 31, 2022**

**Director or Designated Representative:** \_\_\_\_\_

**Center name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Additional individuals under this center's/organization's membership:**

1. **Name:** \_\_\_\_\_

**Address: (if different from above)** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

**Address: (if different from above)** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_

**Address: (if different from above)** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

4. **Name:** \_\_\_\_\_

**Address: (if different from above)** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**If additional names are required, please include a separate sheet.**

I am requesting that my organization be accepted as a:

**Regular** member

**Associate** member

Our Center is a:

SBDC - \$125.00

SBDC ITC - \$125.00

PTAC - \$125.00

Other: \_\_\_\_\_

**PAYMENT METHOD:**

**Check** (Make checks payable to SIUC and enclose this form with the check.)

**Credit Card:**

**Visa**

**Discover**

**MasterCard**

Name on card: \_\_\_\_\_

CVC: \_\_\_\_\_

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

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing address: \_\_\_\_\_

Email Address (for receipt): \_\_\_\_\_

**Make all checks payable to SIUC  
FEIN Number: 37-6005961**

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