

West Texas A&M University

University Membership Dues/Fees

Justification

Department _____

Employee Name _____ State/Province _____

Company _____ Zip/Postal Code _____

Address _____ Phone Number _____

City _____ email _____

Indicate the general nature of the Membership.

- Required by accreditation agency
- Legal requirement established by external agency
- Necessary in order to receive publication
- Necessary for participation in competition Other
- (explain)

Is this Membership in keeping with the stated mission of the university? Explain.

Is this membership of significant and demonstrable benefit to the institution and ultimately to the state of Texas? Explain fully.

Is the primary beneficiary the institution rather than the individual? Explain.

Requested by

Date

Supervisor

Date