



Organizational Systems Research Association Application for Membership

Name: _____

Job Title: _____

School/Firm: _____

Mailing Address: _____

Business Phone: () _____ Fax: () _____

Home Phone: () _____ Internet _____

Mailing Preference (circle one) Work Home

Which of the following best describes your situation? (Please check one)

_____ **Individual Membership:** \$55.00. Individual involved in organizational systems as an educator, manager, consultant, practitioner or one who has an interest in the results of organizational systems research.

_____ **Corporate Membership:** \$300.00. Corporations interested in cooperating in the application of research, sharing the results of such research or sponsoring same. Membership includes all individual membership benefits plus one paid attendance at the annual research conference.

_____ **Student Membership:** \$35.00. Student concentrating in organizational systems or a related discipline.
Faculty signature required: _____

_____ Faculty Member

_____ Institution

Enclose a check (U.S. funds only) payable to OSRA and mail to:

Dr. Donna R. Everett, Executive Director
Organizational Systems Research Association
Morehead State University
UPO 2478
Department of Information Systems
Morehead, KY 40351-1689

Phone: (606) 783-2718
Fax: (606) 783-5025
Internet: d.everett@morehead-st.edu
WWW: www.osra.org

Note type of membership:

_____ \$55.00 Individual
_____ \$35.00 Student

_____ \$300.00 Corporate