



Office 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 office systems as an educator, manager, consultant, practitioner or one who has an interest in the results of office 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 Chapter Membership:** \$55.00. An educational and research association whose mission shall be to get individuals involved in the office systems major.

_____ **Student Membership:** \$25.00. Student concentrating in office 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 McAlister-Kizzier, Executive Director
Office Systems Research Association
Morehead State University
Department of Information Systems
UPO 910
150 University Boulevard
Morehead, KY 40351-1689

Phone: (606) 783-2724
Fax: (606) 783-5025
Internet: d.kizzier@morehead-st.edu
WWW: www.osra.org

Note type of membership:

_____ \$55.00 Individual

_____ \$55.00 Student Chapter

_____ \$300.00

Corporate

_____ \$25.00

Student