



# MEMBERSHIP APPROVAL FORM

Complete form and submit to your Account Manager/Departmental Supervisor for recommendation to the Vice President.

Upon review and signature by the Account Manager/Departmental Supervisor and Vice President, all forms and attachments will be returned to the preparer to submit to Accounts Payable. No memberships will be paid by Accounts Payable without prior approval from the Account Manager/Departmental Supervisor and the Vice President.

Date of Request	Prepared By	Department Name	Phone #
Membership Organization Name			
University Representative(s)			
Please give a brief description of the organization above			
Briefly state how will this membership benefit Texas A&M University-Texarkana			
Membership Fee	Account/Sequence # to be Used for Payment	Supporting Documentation Attached <input type="checkbox"/> YES <input type="checkbox"/> NO If no, why?	
L-Doc # (if applicable)	Membership Duration	Membership Start Date	Membership End Date

I **recommend approval** for Texas A&M University-Texarkana and the individuals identified above to be a member of this organization.

I **do NOT** recommend approval of this membership for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Account Manager/Department

\_\_\_\_\_  
Date

----- **APPROVED FOR PAYMENT** -----

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

**PLEASE NOTE: If membership fee is \$5,000 or higher, President's signature is required.**

\_\_\_\_\_  
Dr. Emily F. Cutrer, President

\_\_\_\_\_  
Date