



INTERNATIONAL ULTRAVIOLET ASSOCIATION (IUVA)

www.iuva.org | Fax: (240) 209-2340 | Email: accounting@iuva.org

Please make Membership Application payable to:
International Ultraviolet Association

Mail To:
IUVA
7758 Wisconsin Ave, Ste 302
Bethesda, MD 20814

CATEGORIES of MEMBERSHIP and SUBSCRIPTION RATES in US DOLLARS

Membership Level	Level Description	Annual Dues
ES – Student	Any full-time student member. Student membership status terminates upon graduation.	\$15
EI – Individual	Members of academia, government agencies, public utilities, not for profits, retirees, unemployed and end users that are interested in improving their knowledge of ultraviolet science and technology may join under this category.	\$105
ED – Developing Country	Any individual in a developing country interested in expanding their knowledge of current ultraviolet science and technology. The country must be found here http://data.worldbank.org/about/country-and-lending-groups#Low_income	\$52
O4 – Very Small Organization	Consultants and Manufacturers with fewer than 5 employees. Membership includes 1 primary membership.	\$400
O3 – Small Organization	Consultants and Manufacturers between 5 and 24 employees. Membership includes 1 primary and 2 additional free Individual membership.	\$790
O2 – Medium Organization	Consultants and Manufacturers with 25 to 75 employees. Membership includes 1 primary and 4 additional free Individual memberships	\$1,625
O1 – Large Organization	Consultants and Manufacturers with more than 75 employees. Membership includes 1 primary and 6 additional free Individual memberships.	\$3,200
OA - Company Individual	Consultants or individuals employed by a for profit company, whose management has elected not to join as a corporate member (O1, O2, O3 or O4), may join as an individual member under this membership category.	\$300
OX - Corp Member Employee	Individuals, who are employees of a paid corporate organization (O1, O2, O3 or O4), may join under this membership category.	\$105

We offer 1 year memberships from Jan 1 – Dec 31 of each year. Registrations received after Oct 1 will be extended to Dec 31 of following year.



IUVA MEMBERSHIP APPLICATION

www.iuva.org



Dr. ___ Mr. ___ Mrs. ___ Ms. ___ Miss. ___ (Please check one)

Date: _____

First Name _____ Middle Initial _____ Last Name _____

Company or Institution _____

Address (Street & Number) _____ PO Box or Mail Stop _____

City _____ State or Province _____ Zip or Postal Code _____

Country _____ E-mail address _____

Telephone _____ Fax _____

Areas of interest – Please check all that apply:

Air Treatment ___ Advanced Oxidation Technologies ___ UV in the Atmosphere ___ UV Curing ___ UV Disinfection ___
UV Technologies ___ Food Processing & Packaging ___


MEMBERSHIP CATEGORY (see reverse for descriptions): _____ If applying in Category O1, O2, or O3 print below the **NAME(S)** and **EMAIL ADDRESS(ES)** of your additional, complimentary representatives. Do not include your primary member in the list of additional members. ****Please include addresses, phone numbers and fax numbers, if different from primary applicant.****

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Membership dues include an annual hard copy subscription to IUVA News for your primary member. To receive additional hard copies (versus basic electronic access) for your additional members, please add \$30/person for each extra annual subscription. All other privileges of membership in the IUVA are equal between primary and secondary members.

PLEASE NOTE: EI & ES members have the option upgrade their basic electronic IUVA News subscription to a hard copy subscription for \$30/year.

Payment of dues with application is required. No action will be taken on this application until payment is received.

If paying by check or money order (in US dollars), please make payable to <i>International Ultraviolet Association</i>		Total Payment: _____
<input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Check/Money Order	Phone: _____ Fax: _____ e-Mail: _____	All members receive an electronic subscription to IUVA News with paid membership. All O1, O2, O3, O4, and OA memberships include one annual hard copy subscription for the primary member with paid membership. Additional hard copy subscriptions for secondary corporate members, individuals, academics or students are available for \$30/year per person.
Card Number _____	Expiration Date _____	
CCID/CVV2 _____		 THANK YOU FOR YOUR SUPPORT
Cardholder's Name and Billing Address _____		
Cardholder's Signature _____		