



INTERNATIONAL ULTRAVIOLET ASSOCIATION (IUVA)



Please make Membership Application payable to:

International Ultraviolet Association

P.O. Box 28154, Scottsdale, AZ, 85255 USA

Phone: (480)-544-0105; Fax: (480)-473-9068

www.iuva.org



CATEGORIES of MEMBERSHIP and 2009 SUBSCRIPTION RATES in US Dollars

Membership is renewed on an annual basis from date of initial IUVA application processing.

Membership Level	Level Description	Annual Dues For 1 Year	Total Dues Prepaid 2 Years	Total Dues Prepaid 3 Years	Total Dues Prepaid 5 Years
ES – Student	Any full-time student member. Student membership status terminates upon graduation.	\$35	\$66	-----	-----
EI – Individual	Any Individual interested in expanding their knowledge of current ultraviolet science and technology.	\$95	\$186	\$276	\$450
EA – Institution	Utilities, Academic, and Non-Profit Institutions designate 1 contact person.	\$225	\$440	\$650	\$1,000
O3 – Small Organization	Consultants and Manufacturers with fewer than 10 employees. Membership includes 1 primary and 1 additional complimentary individual membership.	\$700	\$1,375	\$2,010	\$3,250
O2 – Medium Organization	Consultants and Manufacturers with 10 to 50 employees. Membership includes 1 primary and 3 additional complimentary individual memberships.	\$1,450	\$2,800	\$4,200	\$6,750
O1 – Large Organization	Consultants and Manufacturers with more than 50 employees. Membership includes 1 primary and 5 additional complimentary individual memberships.	\$2,950	\$5,800	\$8,550	\$13,750

*All members receive electronic access to our member magazine, **IUVA News**, which is published four times annually.*

*www.iuva.org includes a **MEMBERS ONLY** section complete with valuable UV reference materials and the latest in member news.*

Members also enjoy discounted rates on IUVA educational materials as well as workshop & conference registration fees.

New Applicants for Membership to the IUVA are asked to complete an Application Form.



IUVA MEMBERSHIP APPLICATION

www.iuva.org



Date: _____

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

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 _____

If you do not want your name and contact information published, please CHECK HERE: ___

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. Please do not include your primary member in this list of additional members. ** Please include addresses, phone numbers and fax numbers, **if different** from primary applicant.**

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

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 \$25/person for each extra annual subscription. All other privileges of membership in the IUVA are equal between primary and secondary members.

PLEASE NOTE: EA, EI and ES members have the option upgrade their basic electronic IUVA News subscription to a hard copy subscription for the same \$25/year adder.

If paying by check or money order (in US dollars), please make payable to International Ultraviolet Association Phone: _____ Fax: _____ e-Mail: _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Check / Money Order <input type="checkbox"/> Discover		Total Payment: _____ <div style="font-size: 2em; font-weight: bold;">2009</div>	All members receive an electronic subscription to IUVA News with paid membership. All O1, O2 & O3 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 \$25/year per person.
Card Number	Expiration Date	THANK YOU FOR YOUR SUPPORT	
Cardholder's Name and Billing Address			
Cardholder's Signature			

Please Remit To: International Ultraviolet Association PO Box 28154, Scottsdale, AZ 85255 USA

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