

New Renewal

1 INSTITUTIONAL INFORMATION

ACUNS memberships are based on the January to December calendar year.

Institutional Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Postal Code/Zip Code: _____ Country: _____

Think Tank University United Nations Research Center NGO Other _____

Up to 4 individuals can be designated to receive ACUNS membership benefits. Please indicate mailing address in the section below for each individual if different from above.

NOTE: One hard copy of Global Governance journal will be mailed to the Main Representative or other designated recipient. Your institution also will receive IP-based access to provide maximum access to the journal, as an additional benefit of the institutional membership.

Designated Recipient to receive Global Governance journal:

Main Representative Other Name: _____

Contact of a person (such as a librarian) to be contacted regarding set-up of IP based electronic access to the journal.

E-mail: _____

MAIN REPRESENTATIVE Global Governance Journal will be mailed to the [main representative](#)

Prefix: Dr. Mr. Ms. Mrs. Miss

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Postal Code/Zip Code: _____ Country: _____

Email: _____

Telephone: _____ Home Work Mobile

REPRESENTATIVE 2

Prefix: Dr. Mr. Ms. Mrs. Miss

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Postal Code/Zip Code: _____ Country: _____

Email: _____

Telephone: _____ Home Work Mobile

MEMBERSHIP FORM

INSTITUTIONAL

ANNUAL
MEMBERSHIP

REPRESENTATIVE 3

Prefix: Dr. Mr. Ms. Mrs. Miss

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Postal Code/Zip Code: _____ Country: _____

Email: _____

Telephone: _____ Home Work Mobile

REPRESENTATIVE 4

Prefix: Dr. Mr. Ms. Mrs. Miss

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Postal Code/Zip Code: _____ Country: _____

Email: _____

Telephone: _____ Home Work Mobile

2 PAYMENT OPTIONS

Institutional Membership: \$375 Please note that membership fees are in U.S. Funds.

To pay online visit: acuns.org/institutional-membership/

VISA Mastercard Enclosed Check (drawn on a US or Canadian Bank)

Card No: ____ / ____ / ____ / ____

Expiration Date: ____ / ____

Name on card: _____ Signature: _____

> For more information, please **email admin@acuns.org** or call (1) 226.772.3121

RETURN PAYMENT TO:

ACUNS SECRETARIAT
Wilfrid Laurier University
75 University Avenue West Waterloo, ON N2L 3C5 Canada

OR
Fax: (1) 226.772.0016