Corporate/ Institutional Membership Form

Below is the membership form for the United States Permafrost Association (USPA). Please fill in the appropriate information and return it by mail with your payment to our post office box. A receipt will be sent via mail. For on-line membership see: https://upermafrost.org/ Thank you!

Please make check payable to the US Permafrost Association and mail it and form to:
US Permafrost Association
PO Box 750141
Fairbanks, AK 99775-0141

Membership Information:

___ Corporate ___ Institutional

Name: ______________________________________  Title: _______________________________________
Phone/ Fax: ___________________________________  Email: ______________________________________
Profession: __________________________________________________________________________
Mailing Address (Institution/Affiliation):
_________________________________________________________________________________________
City: _________________________    State: ______     Zip Code: __________________

Corporate/Institutional Membership:

<table>
<thead>
<tr>
<th>Level</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ice Vein Level - $100</td>
<td>___</td>
<td>___</td>
<td>___</td>
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<tr>
<td>Ice Wedge Level - $300</td>
<td>___</td>
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<td>___</td>
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<tr>
<td>Massive Ice Level - $1,000</td>
<td>___</td>
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Include: website listing for logo and a point of contact below if needed:

Website: _________________________________________________________
Name: __________________________________  Title: _______________________
Phone: ____________________________    Email: ___________________________
Fax: ________________________________

Optional contribution for student travel grants, annual meeting, and other programs:

- USPA Permafrost Engineering Education Program (PEEP): $________
- USPA-Permafrost Young Researcher Network Educational Fund (UPEF): $________
- Permafrost Monthly Alert (PMA) Program: $________
- Travel Grants to Conferences: $________

Amount of Total Payment Enclosed: $_________________

Would you be interested in serving on a USPA committee? (See web for details) ___ Yes ___ No

Signature: ______________________________   Date: __________________________