

SAN DIEGO STATE UNIVERSITY

San Diego, California 92182-1611
619/594-0894

DATE: _____

SUBSCRIPTION MEMBERSHIP ORDER FORM

Supplier: _____ ADDRESS _____ _____ Supplier Representative: NAME _____ _____ PHONE NO. _____ _____ DATE INFORMATION CONFIRMED: _____	Subscription No.: _____ Membership No.: _____ DELIVER TO _____ PHONE NO. _____ ACCOUNT NAME _____ ACCOUNT NO. _____ REQUESTED BY _____ APPROVED BY _____ _____ <i>Authorized Signature</i> TELEPHONE: _____
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Attach all relevant invoices, membership forms, renewals, etc.

NEW

RENEWAL

PREVIOUS YEAR'S P.O. # _____

TERM OF SERVICE:

1 YR

2 YRS

3 YRS

BEGINNING _____

ENDING _____

JUSTIFICATION FOR SERVICE (state purpose or benefit):

SUBSCRIPTION:

PUBLICATION TITLE: _____

PUBLISHING WEEKLY - 52 issues

QUARTERLY - 4 issues

CYCLE: MONTHLY - 12 issues

SEMI-ANNUAL - 2 issues

BI-MONTHLY - 6 issues

ANNUAL - 1 issue

OTHER _____

MEMBERSHIP:

MEMBERSHIP TITLE: _____

UNIVERSITY REPRESENTATIVE: _____

ANNUAL COST: _____

TAX: _____

TOTAL: _____