



**Accounts Payable
MEMBERSHIP/SUBSCRIPTION FORM**

Supplier: _____
Address: _____

Date: _____

1 Year Renewal
New Request

Membership

Membership Title: _____
Deliver To: _____
Effective Dates: _____ Membership Number: _____
Justification: _____

Subscription

Publication Name: _____
Deliver To: _____
Effective Dates: _____ Subscription Number: _____
Justification: _____

All memberships/subscriptions are property of SDSU and must reflect the campus address. The "deliver to" person cannot be the same as the authorized signer. Please attach all relevant invoices, membership forms, renewals, etc., a copy will be sent with check.

Authorized Signature: _____
Authorized Signer: _____
(Print Name)
Account Number: _____

Total Due: _____

Return completed form to:

SDSU · Accounts Payable · 5500 Campanile Drive · MC-1611 · AD-116 · San Diego CA 92182
PH 619/594-0894 · FX 619/594-4917 · Markview FX 619/594-1283