

## SUBSCRIPTION/MEMBERSHIP APPROVAL

Request Date: \_\_\_\_\_

Requestor\*: \_\_\_\_\_

Renewal:            \_\_\_ Yes            \_\_\_ No

Publication/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beginning Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Cost: \_\_\_\_\_

Account Number: \_\_\_\_\_

Purchase Order: \_\_\_\_\_

Credit Card Transaction: \_\_\_\_\_

**APPROVED:**

\_\_\_\_\_  
Mark Murphy, Chief Operations Officer

\_\_\_\_\_  
Date

\*Requestor should be name of member/subscriber.