



UNIVERSITY MEMBERSHIP JUSTIFICATION

Department Name : Dept. ID/ Fund :

Budget Acct. Manager : Project (If C&G) :

Organization Name :

Address : Amount :

Dates of Membership : to

Voting Representative(s) and/or person(s) considered member for mailing purposes:

Purpose and Justification for Membership in above Organization:

Dean/Director/Department Head Signature

Date:

The Florida State University President has delegated his signature authority to the Dean,
Director, Department Head or Chair of the department.