

WILL Membership Form



Date _____

New Renewing Facilitator discount applied

Name _____

Mailing address _____

City _____ State _____ Zip _____

Email address _____

Phone _____

Annual Membership Dues: \$75.00

Yes, I want to join WILL

Membership entitles you to the following:

- A year of WILL classes
- Participation in all WILL social events and the opportunity to interact with others interested in learning
- Voting privileges in the choice of Board members
- Input into curriculum and program activities
- Volunteer opportunities

Fellow Membership

WILL is also asking for donations to support the growth of its programs and activities. A donation of \$25 or more will make you a Fellow Member which also entitles you to attend a Special Fellow Event each year.

Please include me as a Fellow Member – Additional donation \$ _____

Travel Request Form to be completed as follows and sent in with Membership Form

- Write the date on the *Date:* line
- Print your name on the *Name:* line
- Sign the (applicant) line in the *Account Title and Number* section
- Sign the line in the *If Traveling by Private Auto* section

Please make checks payable to WILL-WNMU.

You will be sent a confirmation of membership via email upon receipt of your payment. If you do not have email, the confirmation letter will be mailed to you. Thank you!

Send your check and Membership and Travel Request forms to :

WILL-WNMU, PO Box 680-487, 1000 College Avenue, Silver City NM 88062

Note: Please date & sign this form in the 3 locations indicated.

TRAVEL REQUEST

TR# _____

Date: _____ 

This number must appear on your travel voucher

Name: _____



Title: WILL COURSE TRAVEL

WOO# _____

Purpose of Travel: _____

Departure From	Date	Arrival At	Date	Means of Conveyance*
JULY 1, 2012		JUNE 30, 2013		

<p style="text-align: center;">METHOD OF REIMBURSEMENT (Select One)</p> <p>Per Diem/Mileage <input type="checkbox"/> Actual Receipt Reimbursement <input type="checkbox"/></p>	<p style="text-align: center;">LIMITATION OPTIONS Total cost not to exceed \$ _____</p> <p>Transportation/Mileage Only <input type="checkbox"/></p> <p>No Reimbursement <input type="checkbox"/> Requested</p>
--	---

<p>Account Title and number to be Charged</p> <p>_____ - _____ - _____ - _____ </p> <p>Signed: _____ (applicant)</p> <p>*****If Traveling By Private Automobile*****</p> <p style="text-align: center;">→</p>	<p>*If traveling By Private Automobile You Must Agree To The Following: "Persons Who use private automobiles on Western New Mexico University business must sign below certifying that there is an insurance policy in force which provides at least the following minimum coverage for the automobile used:</p> <ol style="list-style-type: none"> 1) \$25,000 for personal injury to, or death of one person 2) \$50,000 for injury to, or death of 2 or more persons in one accident 3) \$10,000 for property damage." <p>Signed: _____ </p>
--	---

<p>Please indicate any estimated expenses and respective amounts to be paid with a Pro Card Purchase Order by checking the appropriate boxes and providing amounts.</p> <table style="width: 100%;"> <tr> <td colspan="2"><u>Pro Card</u></td> <td colspan="2"><u>Purchase Order</u></td> </tr> <tr> <td>Hotel _____</td> <td>Rental Auto _____</td> <td>Hotel _____</td> <td>Rental Auto _____</td> </tr> <tr> <td>Airfare _____</td> <td>Registration _____</td> <td>Airfare _____</td> <td>Registration _____</td> </tr> <tr> <td>Other _____</td> <td>Other _____</td> <td>Other _____</td> <td>Other _____</td> </tr> </table>	<u>Pro Card</u>		<u>Purchase Order</u>		Hotel _____	Rental Auto _____	Hotel _____	Rental Auto _____	Airfare _____	Registration _____	Airfare _____	Registration _____	Other _____	Other _____	Other _____	Other _____	<p style="text-align: center;">DO NOT WRITE IN THIS SECTION/MRM OFFICE USE ONLY</p> <p>Date received by the MRM Office: _____</p> <p><u>Problem – returned to</u></p> <p>_____</p> <p>Incomplete form (See highlighted areas)</p> <p>_____</p> <p>Insufficient Funds</p> <p>_____</p> <p>Lacks Vehicle Request Form</p> <p>_____</p> <p>Violation of Policy</p> <p>_____</p> <p>Other</p> <p>_____</p> <p>Returned Travel** box at the bottom left corner must be signed before resubmitting form.</p>
<u>Pro Card</u>		<u>Purchase Order</u>															
Hotel _____	Rental Auto _____	Hotel _____	Rental Auto _____														
Airfare _____	Registration _____	Airfare _____	Registration _____														
Other _____	Other _____	Other _____	Other _____														

Approved: _____ Date: _____
(Account Manager)

Approved: _____ Date: _____
(Vice President or President)

Returned Travel **
(complete only if travel request form was returned)

After correcting, please have the Vice President of Student Affairs before resubmitting this form to the MRM Office for approval.

Approved: _____ Date: _____
(Vice President)

Date Received By the MRM Office: _____

Complete for processing	Amount #
Account # _____	_____
Total paid by other source	_____
Estimated cost of trip	_____
MRM Approval	_____