

## 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 Fellowship Member which also entitles you to attend a Special Fellow Event each year.

Please include me as a Fellowship Member – Additional donation \$ \_\_\_\_\_

### Travel Request form

Please fill in the highlighted blanks on the attached Travel Request form and include with the Membership Form. WNMU requires each participant to be covered by University Liability insurance.

Please make checks payable to WILL-WNMU.

You will be sent a receipt via email upon receipt of your payment. Thank you!

Send your Membership and Travel Request form to:

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

# TRAVEL REQUEST

**TR#**

This number must appear on your travel voucher

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

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

## GENERAL ITINERARY

Departure From	Date	Arrival At	Date	Means of Conveyance*

<p style="text-align: center;"><b>METHOD OF REIMBURSEMENT</b> (select one)</p> <p><input type="checkbox"/> Per Diem/ Mileage      <input type="checkbox"/> Actual Receipt Reimbursement</p>	<p style="text-align: center;"><b>LIMITATION OPTIONS</b></p> <p style="text-align: center;">Total cost not to exceed \$ _____</p> <p>↑ Transportation/ Mileage only ↑ No reimbursement requested</p>
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<p><b>Account Title and Number to be Charged</b></p> <p>_____</p> <p><b>Signed:</b> _____ (applicant)</p>	<p><b>*If traveling By Private Automobile You Must Agree To The Following:</b>                  “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"> <li>1) \$15,000 for personal injury to, or death of one person</li> <li>2) \$30,000 for injury to, or death of 2 or more persons in one accident</li> <li>3) \$10,000 for property damage.”</li> </ol> <p><b>Signed:</b> _____</p>
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**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.**

<b>Pro Card</b>		<b>Purchase Order</b>	
↑ Hotel \$ _____	↑ Rental Auto \$ _____	↑ Hotel \$ _____	↑ Rental Auto \$ _____
↑ Airfare \$ _____	↑ Registration \$ _____	↑ Airfare \$ _____	↑ Registration \$ _____
↑ Other _____ \$ _____		↑ Other _____ \$ _____	

**DO NOT WRITE IN THIS SECTION/ BUS. OFFICE USE ONLY**

**Date received by the business office:** \_\_\_\_\_

↑ **Problem** – returned to \_\_\_\_\_  
 due to the following:

- ↑ Incomplete form (see highlighted areas)
- ↑ Insufficient Funds
- ↑ Lacks Vehicle Request Form
- ↑ Violation of Policy
- ↑ Other \_\_\_\_\_

Returned Travel \*\* box at the bottom left corner must be signed before resubmitting form.

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↑ **Complete for processing**

<u>Account #</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

**total paid by other sources** \_\_\_\_\_

**estimated cost of trip** \_\_\_\_\_

**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 appropriate Vice President or President signature before resubmitting this form to the Business Office for approval.

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Vice President or President)

Date Received  
By the Business  
Office: