

Request for Professional/Organization Membership Payment

- 06 - AgriLife Research 07 – AgriLife Extension Service 20 - TVMDL
 Personal Membership Unit/Agency Membership

Name of Professional Society or Organization: _____

Membership will be in the name of: _____ UIN: _____

Membership Start Date: _____ End Date: _____

Funding Account Number: _____ Membership Fee: _____

Is the payment serving a public purpose and will AgriLife receive adequate consideration for the fee? Yes No

What is the benefit to AgriLife:

Requesting Department

Name of Requestor

Verification of Organization Status:

AgriLife local funds require that the website below has been reviewed for lobbyist activity. AgriLife cannot pay for a membership that includes lobbyist activity.

Attach printed verification of the State of Texas Ethics website check.

I have checked the state of Texas ethic website to see if the organization is listed. <https://www.ethics.state.tx.us/search/lobby/> Please use the search "Registrations", "By Client Name" when searching on the name of the membership organization. If the organization is listed, the membership payment is not allowed. It may be paid with personal funds or a non-AgriLife source of funds. State funds cannot be used for any membership payment.

Unit Head Signature

Date

CFO Signature to verify source of funds.

Date