

Institutional Membership Form

The AIB Executive Board hopes institutional memberships will be an attractive option for all international business schools as a vital way to foster faculty networking and increase school visibility. For an annual fee of US\$1,250, the participating institution will receive the following benefits:

- Full regular memberships for two faculty members
- Conference registration for two faculty members to attend the annual conference. These can be the same faculty members designated for membership, or they can be two other faculty members. However if two other members are being designated, then the new faculty members must be AIB members in good standing through the dates of the next conference.
- Student membership and conference registration for one Ph.D. candidate, provided that he or she commits to attending the Doctoral Consortium.

In addition, the institution will be recognized for its contribution in the *AIB Newsletter*, the annual conference program, and on AIB's website.

Institutional Contact Information

Please print clearly or type and remit payment with form.

Institution _____

Mr./Ms./Dr. _____ Full Name of Contact Person

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City _____ State _____ Country _____ Postal/Zip code _____

Telephone _____ Fax _____

Email _____

You must return a copy of this form with your payment to assure proper recording.

APPLY ONLINE: <http://aib.msu.edu/>

MAIL TO:

**Academy of International Business
 G. Tomas M. Hult, Executive Director
 Michigan State University
 Eppley Center
 645 N Shaw Ln Rm 7
 East Lansing, MI 48824 USA**

FAX TO: +1-517-432-1009

<p>Membership Dues: \$ <u>1,250.00</u></p> <p>Method of Payment:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> International Money Order</p> <p><input type="checkbox"/> Credit/Debit Card <i>Circle One:</i> MasterCard / VISA / AMEX / Discover)</p> <p>Name on Card: _____</p> <p>Credit Card Number: _____ - _____ - _____ - _____</p> <p>Expiration Date: _____ / _____ (Month/Year) Security Code _____</p> <p>Signature: _____</p>
--

Please make checks payable to the **Academy of International Business** (Federal Employer ID: #23-7442958). All checks must have micro-encoded banking information, including the ABA routing number at the bottom of the check, a US bank address, and have the US dollar amount imprinted on them. All checks and international money orders must be denominated in US Dollars.



Institutional Membership Form page 2

Names of Nominees

Our institution nominates the following individuals to receive **AIB membership** for one year.

Nominee#1 **Membership**

Family Name _____ Member ID# (if available) _____

First Name _____ Middle Initial or Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Postal Code _____ Country _____

Telephone _____ Fax # _____

Email _____

Nominee #2 **Membership**

Family Name _____ Member ID# (if available) _____

First Name _____ Middle Initial or Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Postal Code _____ Country _____

Telephone _____ Fax # _____

Email _____

Our institution nominates the following two AIB members to **attend the next AIB Annual Meeting**. If the nominated members are not the same members as above, then the new nominees must be AIB members in good standing through the dates of the next meeting.

Same as above **Nominee #3 Meeting Registration only**

Family Name _____ Member ID# (if available) _____

First Name _____ Middle Initial or Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Postal Code _____ Country _____

Telephone _____ Fax # _____

Email _____

Same as above **Nominee #4 Meeting Registration only**

Family Name _____ Member ID# (if available) _____

First Name _____ Middle Initial or Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Postal Code _____ Country _____

Telephone _____ Fax # _____

Email _____

Our institution nominates the following **Ph.D. student** from our institution to receive AIB membership for one year and registration for the next AIB annual meeting. The student has committed to attending the doctoral consortium at the next meeting.

Membership and Meeting Registration

Family Name _____ First Name _____ Middle Initial or Name _____ Member ID# (if available) _____

Address Line 1 _____

Address Line 2 _____ Telephone _____ Fax # _____

City _____ State _____ Postal Code _____ Country _____ Email _____