



ACADEMIC MEMBER APPLICATION FORM

Date: _____

Member name:

Remit to:
BEACON, Inc.
1 Congress Street, Suite 201
Hartford, CT 06114-1102

Academic Member for 2008
Please complete below:

Membership Fee

Institution Name: _____

Representative: _____

Address: _____

Phone No. _____

Fax No. _____

Email: _____

Brief Description of Business: _____

New Member Signature: _____

Questions? Please contact Terri Wilson at:

(860) 547-1995
toll free (877) 723-2266
theresa.wilson@beaconalliance.org

Fee is determined on size of academic institution and number of faculty and students.

Fee range examples:

Major Universities: \$15,000.00

Small to Medium Sized Universities/Colleges:

\$7,500 - \$10,000

Community Colleges: \$5,000.00

Amount enclosed: _____