



## Application for Membership

### Contact Information

Name	
Title/Position	
Institution Name	
Tax ID Number	
Mailing Address	
City, State ZIP Code	
Phone	
E-Mail	

### Self-Evaluation *(Please include the following information with your application.)*

1. Please provide a brief summary (no more than one page) of your school's present and proposed initiatives with regard to Undergraduate International Business Education.
2. What do you hope to gain from your membership in CUIBE?

### Membership

- Full Membership - \$2,000**  
\$1,000 Application fee  
\$1,000 Annual dues
- Associate Membership - \$1,000**  
\$1,000 Annual dues

### Agreement and Signature

By submitting this application, I affirm that I am authorized to represent and act on behalf of said institution in any matters related to the Consortium for Undergraduate International Business Education.

Institution	
Representative	
Signature	Date
Date	

**Upon receipt of this form, an invoice for annual dues and, if applicable, application fee will be forwarded to the institutional representative.**

**You may fax, email, or mail form to:**

CUIBE  
c/o International Business Institute, SSB 461  
University of Missouri-St. Louis  
One University Blvd.  
St. Louis, MO 63121

Phone: (314) 516-4503

Fax: (314) 516-6420

E-mail: [cuibeadmin@umsl.edu](mailto:cuibeadmin@umsl.edu)



