



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

- | | |
|---|---|
| <input type="checkbox"/> Full Membership - \$2,000 \$1,000 Application fee \$1,000 Annual dues | <input type="checkbox"/> 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



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