

**INDIVIDUAL
MEMBERSHIP ASSOCIATION DUE
AGREEMENT**

Name: _____

Association Name: _____

Dates of Membership: _____ through _____

Annual Association Dues Amount: _____

I hereby pledge that in return for the payment of my membership in the above listed association that if I should leave my employment with Fairmont State University prior to the expiration of my membership, I will reimburse the University for the pro-rated amount of the individual membership due paid.

Signature Title

Dated this _____ day of _____, _____
(date) (month) (year)