



**PROJECT MEMBERSHIP**

ASPIRE Project Membership provides a project the opportunity to support the region and receive training benefits for staff at the regional level. Pre-Conference workshop rates are free to all staff of a project with a paid project membership. For projects without a paid project membership, fees are \$100 per person for regular registrations and \$150 per person for late registrations. Project Membership is open to each TRIO, Gear Up, or other educational opportunity/equal access project in the ASPIRE, INC. states of Colorado, Montana, North Dakota, South Dakota, Utah, or Wyoming.

**Allowable from Grant Funds**

The following excerpt from **Omni Circular Title 2 Subtitle A Chapter II Part 200, under Subpart E, Cost Principles**, addresses paying the ASPIRE Project Membership from grant funds:

**§200.454 Memberships, subscriptions, and professional activity costs.**

- a. Costs of the non-federal entity's membership in business, technical, and professional organizations are allowable.
- b. Costs of the non-federal entity's subscriptions to business, professional, and technical periodicals are allowable.
- c. Costs of membership in any civic or community organization are unallowable with prior approval by the Federal awarding agency.
- d. Costs of membership in any country club or social or dining club or organization are unallowable.
- e. Costs of membership in organizations whose primary purpose is lobbying are unallowable.

Please complete the information below, retain a copy for your records, and mail this form and your Project Membership to:

**ADDRESS OF CONTRIBUTOR**

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TRIO Educational Talent Search  
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**Name** \_\_\_\_\_

**Program** \_\_\_\_\_

**Institution** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

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**2017**

(September 1, 2017 through August 31, 2018)

**Project Membership.....\$100**

**TOTAL SUBMITTED**

**\$** \_\_\_\_\_

*Please make Check(s) payable to ASPIRE*

Credit Card Payment:  Visa  MasterCard

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Street Address/Box Number : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your Project's commitment to ASPIRE and TRIO programs and students.**