



This form should be filled out if someone is affiliated with your department/organization and needs to have a Wright1 Card issued for any reason. Affiliate cards cost \$7 and are valid for one year from date of issue.

### Cardholder Information

(Please print or type.)

_____	_____	_____
Last Name	First Name	MI
_____		
UID (If Applicable)		
_____	_____	
Signature	Date	

### Department Information

(Please print or type.)

_____	_____	_____
Department Name	Location	Phone Number

Will the Department be covering the cost of the card?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
If yes, please include:			
_____	_____	739800	_____
Fund	Org	Account	Program

_____	_____
Authorizing Person (Please print or type.)	Phone Number

_____	_____
Authorizing Signature	Date