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?

□ Yes
□ No

If yes, please include:

__________________________________________  ____________________________________________  ____________
Fund                                         Org                                         Account                                      Program

__________________________________________  ____________________________________________
Authorizing Person (Please print or type.)     Phone Number

__________________________________________  ____________________________________________
Authorizing Signature                         Date