

AATSEEL 2008 MEMBERSHIP FORM

THIS FORM MAY BE PHOTOCOPIED.

WE ENCOURAGE ALL NEW AND RENEWING MEMBERS TO PAY 2008 DUES THROUGH THE WEB (www.aatseel.org) WITH MASTERCARD OR VISA.

TO JOIN, RENEW or CHANGE YOUR ADDRESS BY MAIL, fill in the information requested and return it with your check (payable to AATSEEL in US dollars) to: AATSEEL, c/o Patricia Zody, P.O. Box 569, Beloit, WI 53512-0569 USA. If you wish a receipt in addition to your canceled check, please enclose a self-addressed stamped envelope. AATSEEL also accepts payment by Visa or Mastercard.

(Please PRINT all information.)

First name _____ Last name _____

Mailing address: _____ Contact info (in case we have questions):
 _____ Phone: _____
 _____ Fax: _____
 _____ Email: _____

MEMBERSHIP 2008		
MEMBERSHIP CATEGORIES	CY 2008	Circle applicable rate(s) at left and enter amount(s) below:
Affiliate (Newsletter only)	\$30	
Students	\$40	
Independent Scholars	\$40	
Retired & Emeritus	\$40	
Secondary School Teachers	\$45	
Instructors & Lecturers	\$50	
Assistant Professors	\$55	
Associate Professors	\$65	
Full Professors	\$75	
Non-Academic Members	\$55	
Administrators	\$65	
Sustaining Members	\$200	
SUPPLEMENT for Joint Membership Name of Other Member: _____	Fee for Higher-Ranking Member +\$25	
SUPPLEMENT for Mail to address outside N. America	+\$25, all categories	
Benefactor/Life Member	\$1000	

PAYMENT METHOD (check one box; do not send cash):

Check (US funds; payable to "AATSEEL, Inc.")

(if check: check # _____, date _____, amt. \$ _____);

or

Credit Card: Visa; Mastercard

Name on Card: _____

Billing Address: _____

Account Number: | | | | - | | | - | | | - | | | |

City/State/Zip: _____

Exp. Date (MM/YY): (____ / ____) Signature: _____