

# AATSEEL 2009 MEMBERSHIP FORM

THIS FORM MAY BE PHOTOCOPIED.

WE ENCOURAGE ALL NEW AND RENEWING MEMBERS TO PAY 2009 DUES THROUGH THE WEB ([www.aatseel.org](http://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 2009		
MEMBERSHIP CATEGORIES	CY 2009	Circle applicable rate(s) at left and enter amount(s) below:
Affiliate (Newsletter only)	\$30	
Students	\$20	
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	
<b>SUPPLEMENT for Joint Membership</b> Name of Other Member: _____	Fee for Higher-Ranking Member +\$25	
<b>SUPPLEMENT for Mail to address outside N. America</b>	+\$25, all categories	
<b>Benefactor/Life Member</b>	\$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: \_\_\_\_\_