



INDIANA ACADEMY OF SOCIAL SCIENCES MEMBERSHIP REGISTRATION

NAME: _____

DISCIPLINE: _____

INSTITUTION/COLLEGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

_____ **INDIVIDUAL MEMBERSHIP**

AMOUNT: \$15.00 per year

_____ **STUDENT MEMBERSHIP**

AMOUNT: \$5.00 per year

**MAIL TO: Indiana University Southeast
School of Social Sciences CV140
Attn: Dr. Cliff Staten
4201 Grant Line Road
New Albany, IN 47150**