

NOTE: This form is for new members only. Current members' bills for 2009 have already been sent by mail.



AMERICAN PHILOLOGICAL ASSOCIATION

2009 Membership Application

Section 1.

Name _____

Address _____

City _____ State/Province _____

Postal Code _____ Country _____

E-Mail _____

Office Phone _____

Home Phone _____

Fax _____

INSTRUCTIONS. Please read before proceeding. Accurate completion of this form will speed processing.

1. Complete the address and communication information in Section 1 above.
2. Determine the membership and/or subscription subtotal and fill in the box at Section 2.
3. Mark the payment type in Section 3. **If charging**, fill in the fields below the credit card check box. MasterCard, Visa, American Express, and Discover are the only cards accepted.
4. **If ordering more than one copy of the journal alone**, enter the number of copies, multiply and put the total in the designated boxes in Section 3.
5. Fill in the box at Section 4 if you wish to receive information on membership in the Classical Association of Great Britain.
6. **Return the form with payment enclosed to the address below.**

Section 2. Description: Please assist us by completing the following:

Regular member per Annual Salary:

- Under - \$20,000 \$32
- \$20,000 - \$24,999 \$40
- \$25,000 - \$29,999 \$48
- \$30,000 - \$34,999 \$56
- \$35,000 - \$39,999 \$64
- \$40,000 - \$49,999 \$80
- \$50,000 - \$59,999 \$96
- \$60,000 - \$69,999 \$112
- \$70,000 - \$79,999 \$128
- \$80,000 - \$89,999 \$144
- \$90,000 - \$99,999 \$160
- \$100,000 - \$119,999 \$192
- \$120,000 and up \$224

Gender: Male Female

Employment:

- Secondary School Teacher
- College / University Teacher
 - Full-time
 - Part-time / Temporary

- Student \$30
- Joint Member (in addition to spouse's regular dues) \$30
- Life Member \$3,000
- Joint Life Member \$4,000
- Other: _____ (please specify)

	US	NON-US
Institutional subscription (TAPA ONLY)	\$105 <input type="checkbox"/>	\$110 <input type="checkbox"/>
<i>(Members do not need to pay separately for TAPA)</i>		

Section 3. Payment Type:

- Check
 - Money Order
 - Visa MasterCard American Express Discover
- (Charge will appear as Johns Hopkins University Press on your credit card statement.)*

Number of TAPA copies _____ X \$ _____ = \$ _____
(Institutions only)

Credit Card Number _____

Credit Card Expiration Date: _____ / _____
Month Year

Cardholder's Signature _____

Tax Deductible Contribution to the APA: \$ _____

I wish my contribution to remain anonymous.

TOTAL SUBMITTED: \$ _____

Section 4. Fill in this box if you wish to receive information on membership in the Classical Association of Great Britain.

Please return form and make checks payable to:

AMERICAN PHILOLOGICAL ASSOCIATION - MEMBERSHIP SERVICES

JOHNS HOPKINS UNIVERSITY PRESS - JOURNALS DIVISION

P.O. BOX 19966, BALTIMORE, MD 21211-0966

Phone (in the U.S. and Canada only): (800) 548-1784 All others: (410) 516-6987 Fax: (410) 516-6968