



Membership Form

Please check the appropriate category:

- Membership renewal
 New member

Date: _____

Title: _____

First name: _____

Last name: _____

Street Address 1: _____

Street Address 2: _____

City, State, Zip Code: _____

Preferred email address: _____

Institutional affiliation (if any): _____

Areas of scholarly interest: _____

Please select the appropriate level:

First-Year Faculty Professional (\$0)	\$ _____
Professional (\$25)	\$ _____
Student (\$10)	\$ _____
Professional w/OHC Membership (\$75)	\$ _____
Student w/ OHC Membership (\$60)	\$ _____

Do wish to contribute to the Ohio Academy?

Endowment	\$ _____
Junior Faculty Research Fund	\$ _____

Total amount: \$ _____
(please make checks payable
to *Ohio Academy of History*)

Please mail completed the completed form to:

Ohio Academy of History
c/o Ohio History Connection
800 East 17th Avenue
Columbus, OH 43211
