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 ($60) $__________
Student w/OHC Membership ($45) $__________

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