



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
