



ORAL HISTORY ASSOCIATION

## 2018 Membership Form

Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

### Membership – Calendar year 2018

- I wish to join or renew as a member at the rate of \$75.
- I wish to join or renew as a student at the rate of \$35.
- I wish to join as a life member at the rate of \$1,000.

### Donation

Tax-exempt contributions to the OHA Endowment Fund help support scholarships and special initiatives.

- I wish to donate \$ \_\_\_\_\_ to the OHA Endowment Fund.

### Payment

- Enclosed is my check payable to Oral History Association.
- I authorize a charge of \_\_\_\_\_ (include total from above) to my credit card.
  - Visa  MasterCard  Discover (we cannot accept American Express)
  - Card number \_\_\_\_\_ Exp date \_\_\_\_\_ Security code \_\_\_\_\_
  - Card holder name \_\_\_\_\_ Signature \_\_\_\_\_
  - Card billing address if different from above: \_\_\_\_\_

**Mail form to:** Oral History Association, Middle Tennessee State University, P.O. Box 193  
Murfreesboro, TN 37132 **Questions?** Call 615-898-2544 or email [oha@oralhistory.org](mailto:oha@oralhistory.org)